FILED DEC 10 1957 STANDARD CERTIFICATE OF DEATH  1874 10.48  1874 10.49  1874			•		MOISIVID 3HT	OF HEALTH	OF MISSOUR	रा			
1. PLACE OF DEATH  A. COUNTY  B. CITY (II couples corrected limits, write BUTIAL and dree  TOWN JUTES VILLE  G. CITY (II couples corrected limits, write BUTIAL and dree  TOWN JUTES VILLE  G. CITY (II couples corrected limits, write BUTIAL and dree  TOWN JUTES VILLE  G. CITY (II couples corrected limits, write BUTIAL and dree  TOWN JUTES VILLE  G. CITY (II couples corrected limits, write BUTIAL and dree  TOWN JUTES VILLE  G. CITY (II couples corrected limits)  G. CITY (II couples limi			FILED DEC	1 0 1957	STANDARD C	ERTIFICAT	TE OF DEA	TH	State Fil	, <sub>,</sub> 391	.61
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B. SCHAIL AND COUNTY OF A Land the County of		ء أ .		TH		2. US	UAL RESIDE	NCE (Where	decessed lived.	If institution	: residence before
TOWN AUTES VILLE tembring of the content of the con		4				a. 5	MIS	_	b. COUNT	AVN	F admission).
STREET (It read, cris beatles)  STREET (April of the beatles)		0	OR ∙ /		township) STAY (i	n this place)	00 ~	mA	RT	d. In Residence w	rithin limits of porated town?
Type or Print)   A MULK   A COS   SITXE   DESTINOU   31   795    175		CORU	d. FULL NAME OF HOSPITAL OR	If not in hospital or in		II ~	TREET DORESS OF F			ce	1110
(Type of Print) F. MANUE K. ACOS SITXE DESTINOUS 1759  5. SEX 6. COLOR OR RACE 7. MARNED MEMBER. 18. DATE OF BIRTH 1880 1 1994 1 1 1 1980 1 1994 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E E	3. NAME OF	a. (First)	b. (Middle)	, II		<del></del>	DATE ()	C A	
5. SEX U. S. COLOR OR RACE 7. MARRIED, NEWER MARRIED, NEWER MARRIED, NOTHING TO BIRTH  MARY WHITE TO BIRTH WOUTH TO BE SOUTH T				MANUE	L JACO	e S	ITZF	[	OF		
13a. Pather's Maje   13b. Mother's Maide Name   14. Name of Husband. or Wife   15. WAS DECRASED EVER IN U.S. ARMED FORCES? (15. WAS DECRASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   15. WAS DECRASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   AD		EN	5. SEX C 6.	***	7. MARRIED, NEVER MA.	RRIED. / I 8. DAT		9. /	AGE (In years)	F UNDER 1 YEAR	IF UNDER 44 HRS.
13b_MOTHER'S MAIDER MAKE   15b_MOTHER'S MAIDER MAKE   14. NAME OF HUSBAND, OR VIFE   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   17		LAN.	MALEU		MARRIE	D MA		- 1 1-	diphday)		
13a. Pather's Maje   13b. Mother's Maide Name   14. Name of Husband. or Wife   15. WAS DECRASED EVER IN U.S. ARMED FORCES? (15. WAS DECRASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   15. WAS DECRASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   AD		83	done-during most of-worki	ag life, even if retired)		OR IN- 11. BII	10,10		Foreign Country	, 0 12 CF	FIZEN OF WHAT
S. CAUSE OF DEATH   DIRECTLY LEADING TO DEATH* (a)   DIRECTLY LEADING TO DEATH* (b)   DIRECTLY LEADING TO DEATH* (a)   DIRECTLY LEADING TO DEATH* (b)   DIRECTLY LEADING TO DEATH* (c)   DIRECTLY LEADING TO DEATH* (c)   DIRECTLY LEADING TO DEATH* (c)   DIRECTLY LEADING TO DEATH* (d)   DIRECTLY LEADING TO DEATH* (e)   DIRECTLY LEADING TO DIRECTLY LEADING TO DEATH* (e)   DIRECTLY LEADING TO DEAT		PE		RMER		<u>_</u>				11.	S.A
15. NAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY (Yen, bo, grunknown) (If yen, eiver war or date of service)  17. INFORMANT'S SIGNATURE OR NAME ADDRESS  18. CAUSE OF DEATH  19. CAUSE OF DEATH  19. CAUSE OF DEATH  19. DISEASE OR CONDITION  19. DATE OF OPERA  10. OTHER SIGNIFICANT CONDITIONS  21. DATE OF OPERA  22. DATE SIGNED  22. DATE SIGNED  22. DATE SIGNED  23. SIGNATURE  24. DATE SIGNED  25. FURRAL DIRECTOR'S SIGNATURE  26. DATE SIGNED  27. DATE SIGNED  27. DATE SIGNED  28. DATE SIGNED  29. DATE		<b>▼</b>		$C_{i-\tau}$	E 136 MOTHER'S	MAIDEN NAME		14. NAME O	F HUSBAND O	R WIFE	E
Disease or Condition		<b>B</b>		BIN II S ADMED E	E JUS	A N OU	· W I	FINI	* A S	11 21	<u> </u>
Disease or Condition		[AB	(Yes, no, or unknown) (II	yes, give war or dates o	(service)	- NO -		SIGNATUR	RE OR NAME	E / ^ ^	44
Enter only one cause per line for (a), (b), and (c)  This does not mean the mote of dying, such as heart failure, ashenic, de. It means the discording ousselast.  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, if ony, giving DUE TO (c)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, if ony, giving DUE TO (c)  ANTECEDENT CAUSES  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, if ony, giving DUE TO (c)  ANTECEDENT (a)  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, if ony, giving DUE TO (c)  ANTECEDENT (a)  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, if ony, giving DUE TO (c)  ANTECEDENT (a)  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, if ony, giving DUE TO (c)  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, if ony, giving DUE TO (c)  Morbid conditions, if ony, giving DUE TO (b)  Morbid conditions, giving DUE TO (b)  Morbid conditions continuing death.  Morbi		7	18 CAUSE OF DEATH		MED			1125	/ <u> </u>		<del></del>
*This does not meen the mode of dying, such as heart fallure, extension which consistent the mode of dying, such as heart fallure, extension to the close cause (a) stating the underlying couse less.  DUE TO (b)		NK	Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADIN	NDITION IG TO DEATH*(a)	bilit	× d		the Ha		ET AND DEATH
Accidents, years, years, years, years, accidents, years,		li i			(1) <u>~</u>	your	fun "				
DUE TO (c) Charten which caused death.  DUE TO (c) Chart which caused de		<b>₽</b> C]	the mode of dying, such			Cereby	al the	mou	huy	<u> </u>	
DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (s.e., in or about home, farm, factory, street, office bidg., etc.)  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from 1 3, 1854, to 1/d/1, 1927, that I last saw the deceased alive on 1/20, 1957, and that death occurred at m., from tike causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23by ADDRESS  24a. BURAL. CREMA- 24b/DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  15a. ACCIDENT (Specify) 23by ADDRESS  25c. DATE SIGNED  (Degree or title) 23by ADDRESS  25c. DATE SIGNED  (Degree or title) 23by ADDRESS  25c. DATE SIGNED  25c. DATE SIGN		BL		the underlying caus	e rest.	1. 4	- · . /	<b>)</b> .			
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)		<b>5</b>		II OTUED CICNIE		yares	nosel	non	1	_	<u></u>
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)		DIN	tion which caused death.	Conditions contribu	ting to the death but not	V					
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	l	¥.	19a. DATE OF OPERA-	19b. MAJOR FIND	NGS OF OPERATION					20. A	UTOPSY? O
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)		N C	. 110N						33/	<b>(</b>   YE:	s 🔲 ио 🔲
INJURY  2. I hereby certify that I attended the deceased from 2/3, 1854, to 1/3/, 1927, that I last saw the deceased alive on 1/20, 1957, and that death occurred at m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23by ADDRESS  23a. BURIAL. CREMA- 24b DATE  124c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)  125. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS			21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 21	b. PLACE OF INJURY (e.g., ome, farm, factory, street, office	norabout 21c. (Coldg., etc.)	ITY, TOWN, OR TO	OWNSHIP)	(COUN	TY)	(STATE)
22. I hereby certify that I attended the deceased from \$\frac{1}{3}\$, \$\frac{165}{6}\$, to \$\frac{1}{3}\$, \$\frac{192}{6}\$, that I last saw the deceased alive on \$\frac{1}{2}\$ on the date stated above.  23a. SIGNATURE  (Degree or title) 223b4 ADDRESS  23a. SIGNATURE  (Degree or title) 223b4 ADDRESS  23a. SIGNATURE  24a. BURAAL. CREMA- 24b DATE  24b. DATE  124c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  1124/5/1 BOHAINGER  DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  24DRESS  24DRESS  25. FUNERAL DIRECTOR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. Advance.		-us)	OF	(Day) (Year) (H	WHILEAT () NOT V	THILE -	O YAULNI DID WC	CCUR?			
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520 DATE REC'D BY LOCAL REDISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 12/2/515 Mis. Bufol Crade Mu Llagh 8. Mongan So. advance		- 11	23a. SIGNATURE	1 2 3	(Degree	or title) 2 23by Al	DDRESS	000	M	23c.	DATE SIGNED
520 DATE REC'D BY LOCAL REDISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 12/2/515 Mis. Bufol Crade Mu Llagh 8. Mongan So. advance		RITE			11 1 = 240 = 000 = 0		REMATORY 24	d. LOCATION			(State)
520 12/2/54 Mrs. Buford Crader Mu Llagh S. Mougan So. advance		<u> </u>		/   / 2 4   ·				120h			11/0
1 24 2/3 1 MB. BUGOS CABUIT TO BROWN TO 18 10 10 10 10 10 10 10 10 10 10 10 10 10	5.	20	10/2/CREG.	RESISTRAR'S SIC	SNATURE O C	1. 7	is all and	1 8 m	TORE	2 ADDRESS	3 /*** **
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## STATEMENT BY LICENSED EMBALMER

I hereby certify th	at the body whose name is recorded on	the reverse side of this certificate was embalm
by me, or by		Student Embalmer No
working under my perso	onal supervision.	
·		1/m 4 mais

Licensed Embalmer No. 46

P. O. Address Advance,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Signature of Student Embalmer