DEPA	RTMENT OF	PU BLI	THEALTH AND WE			200	\L	/ B A.	39208ATE	FILE NUMBE	
DO NOT WRITE ON THIS STUB	AMENDED	NV	enistration Piatrict No.	64 Prim	ary Registration D	istrict No.	Registrar's	No. 99			
ON 1113 3100		_1 F	I. PLACE OF DEATH				II 2 USUAL RESI	DENCE (Where dec	eased lived. If insti	tution: Pasi	dence before
vs 300	اللوا	1	-aCOUNTY 次久	* * * *			a. STATE	ъ. cc	OUNTY. +		admission)
Rev. 4/59	AMENDED	i I —	b. CITY (if outside core	oorate limits, give TOWNS	HIP only)	ength of stay in 1b	c. CITY	1350DRT	DONO TE		nside Limits
	<u> </u>	1.5	TOWN (*)	,	,	ال وموسم	OR	Calis			es/ No 🗆
14400		I	c. FULL NAME OF (IF N	ノバハクェイン IOT in hospital, give locat	ion)	Inside Limits	d. STREET	CALL	OSCN 1 ft- cutside, give locatio		side on Farm
0/09	<u> </u>		HOSPITAL OR LA	706RS17U 07	1111550UK	Yes 🖫 No 🗆	ADDRESS	(11	conside, give localio	. [
20681-		_	NOITUTITZNI	CICAL OF	NTER	TES EST NO []	1	-		11	es No
3		-	3. NAME OF DECEASED	First	Mic	ddle	Last	4. DATE OF	Month	Day	Year
			(Type or print)	FMMA	CA2	0/1/195	KNOGOG		November	3	1964
4 /			5. SEX	6. COLOR OR RACE	7. Married 🗆	Never Married	1100076		birthday) IF UNDER	1 YEAR IF	UNDER 24 HR
5 0			Famale	White	Widowed 🗌	Divorced 🗌	19-21-9	7 67	Months	Days H	iours Min.
30		-1	a. USUAL OCCUPATION (10b. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLAC	E (City and state or	country) 12. CITIZ	EN OF WHA	AT COUNTRY
6 9	§	71.	during most of working	life, even if retired)			(Ca) 20	anit. 10	Dissobli Ui	nited	States
7 - 1-	21	7	a. FATHER'S NAME	<u> </u>	13b. MOT	HER'S MAIDEN NAM		14. N	AME OF HUSBAND C		<u> </u>
	킨		F125D K11)	10004	-1m	NN15 1	Beckh	D1158	hong.		
8 2,	1 1 1 1 1	1	. WAS DECEASED EVER I	IN U.S. ARMED FORCES?		IAL SECURITY NO.	17. INFORMANT	Situ of	MISSOUR	i 1979	Ed ICAL
199N/C		C	es, noy or unknown) (If y	es, give war or dates of s	ervice) 498	-09-1839	JUNIUCE	S114 02	17113300	` ČĚ1	W+EP.
- 11 x y	¥	<u>-</u> اج	18. CAUSE OF DEATH (Enter only one cause per DEATH WAS CAUSED BY:	line for (a), (b), an	id (c).	' ત	_		INTERV	AND DEATH
10	3	UMENT	raki i. i	IMMEDIATE CAUSE (a)	نسرك	lacon	بعر د د ه	DONT	matia	24	nnuns
11		ਤੇ		INMEDIATE CAUSE (8)	-56			1 11	1		700.0
	EAD	Ŏ	Conditions	s, if any,) DUE TO (b)	Wit	SI- mas	enter	i Ma	owlock	او	
12 22-0 0	الااكاه		which gav	ve rise to	' <u> </u>	1 1	ß	`			
13 ~~ 0			above ca stating the	e under-		Lan Can	Them	S)	-		
	<u>z</u>	٠,	lying cau	OTHER SIGNIFICANT CO		PIBLITHIG TO DIAT	IH but not related	to the terminal	PART III. If dec		fomale
1		ē	PARI II.	disease condition given in	PART I (a)	KIBUTING TO DEAT	in bui noi relaled	io me leiminai			female was in last 90 days.
Į	<u></u> }	Σ̈				•			☐ Yes	□ No	☐ Unknown
ON SMENDAGENTS	<u> </u>	CERTIFICATION	19. WAS AUTOPSY 2	20a. ACCIDENT SUICIDE		20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter nature of	injury in PART I or	PART II of i	tem 18.)
	∮		PERFORMED? YES NO DE	. 🗆 🗆							
z]	MEDICAL	20c. TIME OF Hour	Month, Day, Year							
ַ עַ	t	Ē	INJURY a.m. p.m.								
BLACK INK OR RITER RIBBON		2	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (e.g., i		20f. CITY, TOWN,	OR LOCATION	COUNTY		STATE
			WHILE AT WORK [J farm, te DRK □	nctory, street, offic	e biag., erc.)	, ,		,	,	
A S E	READ	- 1		10/	1. 1.1	. 11	12/10	and last saw him al	11/3	164	·
B.	꿈	- 1	21. 1 attended the dece	10'50 A	100		, ,		, ,	41-	
ա ≩			Death occurred at_			m on 'm		e, and to the best o	f my knowledge, from		
USE BLACOR		Ö	22a. SIGNATURE	(Dept)	ree or title)	10- ()	22b. ADDRESS	n.	16 to	220	DATE SIGNED
_	s	≒	ame	OKH	allo .	W L	05/11	o rvied	centle	<u>الم المرا</u>	13/64
		Y 2	a. BURYAL, CREMATION, REMOVAL (Specify)	23b. DATE	1	F CEMETERY OR CRE	/	23d. LOCATION	City, town, or count	v)	(State)
	S	ᄔ	JUKIAL	NOV. 5, 196,			EMETERY	VAL/F0	/) [Y [A] _ [V] [2	<u> </u>
	15% !		. FUNERAL DIRECTOR	11.00 · ADDI	KE33	25. DA1	TE RECD. BY LOCAL	AA AAA	STRAR'S SIGNATURE	()	
		∑	tugh 6. U	Nellande	Kaliforn	a me Nor	U 3 196	4 7714	<u>ኤ የኚ </u>	XWX 8	ス
•			V		(License	ed Embalmer's Stater	ment on Reverse Sic	ie)	•		7

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

2-5

or by	, Student Embalmer No
working under my personal supervision.	Signed Hugh & Willeams
StudentSignature of Student Embalmer	Signed / My Pr / Walance
	Licensed Embalmer No. 3537
	P. O. Address California, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.