Moniteau  b. CITY (II optaide corrivate limits, write RURAL and give OR CR (II optaide corrivate limits, write RURAL and give township)  TOWN FORTUNA  d. FULL NAME OF (If not its beepfield or instituction, give street address or location)  NO STREET (II rural, give loca	FIED JUN 1	3 195 <b>5</b>		IVISION OF HE DARD CERTIF				State	r File No	16	<b>06</b>	9
b. COUNTY MONITERU  b. CITY (if outsides contribute Builds, write RURAL and give the contribute of the county of t			_ REG. DIST	. но. <u>225</u>				<u> </u>				144 <del>0</del>
D. CITY of coulde confirms limits, write RURAL and gives  OR FOR TORN  FOR TURN  FOR TURN  FOR TURN  FOR TURN  FOR TURN  C. CITY  OR TORN  FOR TURN  G. CITY  OR TORN  FOR TURN  G. FILL NAME OF all so its benefit of institution, give stress address or location  H. CILL NAME OF all so its benefit of institution, give stress address or location  H. COSTTATO IN NO Street numbers  S. TREET (IT run), give location)  G. STREET (Month) (Day) (Yes  FOR TURN FOR TURN)  S. SEX / 6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, White Order of the color of the	a COUNTY			· · · · · · · · · · · · · · · · · · ·				bere decessed 1 b, CO	UNTY		e d	(aoimtan)
d. FULL NAME OF 61 so its adepted or insultanties, give street address or location.    MOSTITUTION   NO STREET NUMBERS   STREET ADDRESS   NO STREET NUMBERS	b. CITY (If outside sorpus OR	c. CITY OR				d. Is Residence within limits of a city or incorporated town?  Yes No						
BECEASED DECEASED (Type or Print)  ROSA  MAY  ROGAL  ROSA  ROCINC (ROSA  ROSA  ROSA  ROCINC ROCE  FOR ROCE  FO	d. FULL NAME OF (If a	not in hospital or in		rent address or location)	A. STREET	 ;	(If rural, s			<u> </u>	06	80
S. SEX   6. COLOR OR RACE   7. MARRIED, MEVER MARRIED, MOVER MARRIED, MUDOWED DIVORCEO Objection   18. DATE OF BIRTH   18. DAT	3. NAME OF a. DECEASED	(First)		b. (Middle)		ast)		4. DATE	(Month)		(Y	ear)
10a. USUAL OCCUPATION Give kind of work   10b. KIND OF BUSINESS OR IN   10b and during most of profital life, were if rectived)   10b KIND OF BUSINESS OR IN   10b and during most of profital life, were if rectived)   10b MISSOUTI	5. SEX / 6. CO	LOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED, DIVORCED (Specify)	B. DATE OF	BIRTH		9. AGE (In yes	TO IF UNDER	I YEAR		
The foreign contributing to the death out not which caused death.    13. MATE OF DEPTATH   13. MATE OF DEPTATH   13. MATE OF DEPTATH   14. NAME OF HUSBAND OR VIFE   Wm F, Rodner     17. INFORMANT'S SIGNATURE OR NAME   18. NOTHER'S MAIDEN NAME   17. INFORMANT'S SIGNATURE OR NAME   18. NOTHER'S MAIDEN NAME   18. NOTHER'S MAIDEN NAME   18. NOTHER'S MAIDEN NAME   18. NOTHER'S MAIDEN NAME   Wm F, Rodner     17. INFORMANT'S SIGNATURE OR NAME   ADDRES   18. NOTHER SETURITY     18. NOTHER'S MAIDEN NAME   Wm F, Rodner     17. INFORMANT'S SIGNATURE OR NAME   ADDRES     18. NOTHER SETURITY     18. NOTHER'S MAIDEN NAME   Wm F, Rodner     18. NOTHER'S MAIDEN NAME   Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     Wm F, Rodner     18. NAME OF HUSBAND OR VIFE     NOT WILL STILL	10a. USUAL OCCUPATION ( done during most of working is	10b. KIND O	F BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (City and State or Foreign (			or Foreign Co		COUNTRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, 20.0 trunknown) (If yes, either var or dates of service) NONE  10. AUCHEY ROCHER FOR UNB.  11. INFORMANT'S SIGNATURE OR NAME  AUCHEY ROCHER FOR UNB.  MEDICAL CERTIFICATION  INTERVAL BEY.  AUCHEY.  MEDICAL CERTIFICATION  INTERVAL BEY.  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DUE TO (b)  Method of dying, such lad.  Me	3a. FATHER'S NAME	. Thixto			<del></del>		14. NAM1	OF HUSBAN				
IS. CAUSE OF DEATH Enter only one-cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart follows, extending the watering occurs (as.)  *This does not mean the discast injury, or compiled the watering occurs (as.)  *DUE TO (b)  *II. OTHER SIGNIFICANT CONDITION  DUE TO (c)  *III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions c	(Yes, no, or unknown) (If yes,	IN U.S. ARMED F	ORCES?   16.	SOCIAL SECURITY	١.,							
the mode of dying, such as heart fallure, asthenia, etc. If means the discose cause (a) stating the underlying cause last.  DUE TO (c)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the discose conductor causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT (Boselty)  SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Equi)  18d. DATE (Month) (Day) (Year) (Equi)  18d. Time (Month) (Day) (Year) (Equi)  18d. Time (Month) (Day) (Year) (Equi)  21d. Time (Month) (Day) (Year) (Equi)  18d. Time (Month) (Day) (Year) (Equi)  21d. Time (Month) (Day) (Year) (Equi)  22d. Time (Month) (Day) (Year) (Pi)  22d. Day (Pi)  22d. Day (Pi)  22d	Enter only one cause per [ 1,	DISEASE OR CO	ONDITION ING TO DEATH	MEDICAL C		TION		2		INTER	VAL BE	TWEEN
Ease, injury, or complication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE  21d. INDURY  21d. INJURY (S.a., In or about of the death but not perfect of the disease or condition causing death)  21d. INDURY  21d. INDURY  21d. INJURY (S.a., In or about of the death of the d				DUE TO (b)	pertu	منه	<u>~</u>	332	Χ	13	'ye	are
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Bpecity) SUICIDE (Month) (Day) (Tear) (Eour) INJURY  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. TIME (Month) (Day) (Tear) (Eour) INJURY  21d. INJURY OCCURRED (Month) (Day) (Tear) (Eour) MHILE AT WORK AT WORK  21f. HOW DID INJURY OCCUR?  22f. How Di	tion which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not								<u>.</u> يوک			
21g. ACCIDENT (Bpecity) 21b. PLACE OF INJURY (e.g., in or about burns, 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 Andrew AT WORK AT WORK  22. I hereby certify that I attended the deceased from AT WORK AT WORK  23a. SIGNATURE  24a. BURIAN (REMA- 24b. DATE 100 CEMETERY OR CREMATORY 19 June 1, 1955 Thixton Cemetery Fortune Mission of the source of the courses of the deceased from Date REC'D BY LOCAL REGISTRAR'S SIGNATURE  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21c. (MONTH) (MONTH) 21c. (MO	19a. DATE OF OPERA- 19			<del></del>	H					1		Y7
22. I hereby certify that I attended the deceased from	21a. ACCIDENT (Bp. SUICIDE HOMICIDE		21b, PLACE OF I	NJURY (e.g., in or about y, street, office bldg., etc.)	21c. (CITY, T	OWN, OR TO	OWNSHIP)	(C	OUNTY)			
alive onquel, 19, and that death ordered at _2:15pm., from the causes and on the date stated above.  23a. SIGNATURE  24a. BURIAN CREMA- TION REMOVAL (Boodly) Tune 1: 1955 Thixton Cemetery  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS		Day) (Year) (i	WHILE	ATCT NOT WHILE T	21f. HOW DIE	INJURY C	CCUR?		-			
23c. SIGNATURE  (Degree or title)  23b. ADDRESS  (Degree or title)  23c. DATE SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  23c. DATE SIGNATURE  23c. DATE SIGNATURE  23c. DATE SIGNATURE  23c. DATE SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Olty, town, or county). (State of the county) of the county of	, (°E	. 1	1 · · ·	A 1	, 19	to the	causes					eased
TION REMOVAY (Boodly) June 1, 1955 Thixton Cemetery Fortuna, Missouri.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 203- FUNERAL DIRECTOR'S STANTURE ADDRESS	23a. SIGNATURE	a Gu	.0	(Degree or title)					• •	23c. 0	ATE SI	GNED
DATE TEST DI ESTATIONE I TEST DI TIENE I TEST DE L'ANTINE DE L'ANT	24a. BURIAN. CREMA- TION, REMOVAL (Speedly) BUI'LDI		1									-
	550				FUNERAL	OFFECTO	2 / / /	PHATURE	le as	DRESS	to	ı

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba ., Student Embalmer No... by me, or by ......

working under my personal supervision..

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