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20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. Time Of Hour Month, Day, Year INJURY a.m. p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE farm, factory, street, office bidg., etc.) 21: I attended the deceased from 144 a.m. on the date stands above; and to the best of my knowledge, from fine causes 22a. SIGNATURE (Digree or title) 22a. SIGNATURE (Digree or title) 23b. Burnal, Cremation, 23b. Date 23c. Name of cemetery or crematory 23d. Location (City, town, or county) (Safer Renoval, (Specify) Burnal Centertown Cemetery Centertown, Mo		Z tyrny taute tast:)	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
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WORK AT WORK 21: I attended the deceased from 200 pm on the date staped above; and to the best of my knowledge, from he causes 22c. signature (Degree or title) 22c. DATE 22d. BURNAL CREMATION. RENOVAL (Specify) Burlal Centertown Cemetery Centertown, Mo	se only	20c. TIME OF Hour Month, Day, Year INJURY a. m.		
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236. Burial, Cremation, Removal (Specify) Burial 5/31/87 Centertown Cemetery Centertown, Mo	, , te			m he causes stated.
Burial (Specify) 5/31/97 Centertown Cemetery Centertown, Mo	i i	Degree or (ule)	La substitution of the sub	5/2/57
Burial (Specify) 5/31/97 Centertown Cemetery Centertown, Mo	, i	236. BURIAL, CREMATION, 230: DATE 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town. or county)	(State)
O TO THE PARTY OF	is oct	Burial 5/31/87 Centertown		Mo
76 - Funeral Director Address 25. Date Recd. By Local Reg. 125. Registran's Signature Hattur	78 -		DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	Latumuju
(Licensed Embalmer's Statement on Reverse Side)	<u>′</u> ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(Licensed Embalmer's State	ment on Reverse Side)	-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision..

Signature of Student Embalmer

Flank and other than the fact of

Jack & Bowlin

P. O. Address California

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