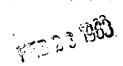
| | | THE DIVISION OF HEA | THE DIVISION OF HEALTH OF MISSOURI | | | | | | | |
|--|----|--|--|--|--|--|--|--|--|--|
| th, Ifara | | FILED JAN 27 1958 STANDARD CERTIFI | STATE FILE N | 619 | | | | | | |
| irara lic rica | | Registration District No | nary Registration District No. 5–2. 7 | 701's No. 15 | | | | | | |
| | | 1. PLACE OF DEATH a. COUNTY CLOSE | 2. USUAL RESIDENCE (Where deceased lived. If institution as STATE THE SOUTH B. COUNTY COLUMN B. COLUMN | on: Residence before admission) | | | | | | |
| 90 56 5 | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Yes U No/19 | c. city or Plattsburg | Olnside Limits | | | | | | |
| .08. | | c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 16 HOSPITAL OR J.O.O.J. HOSPI. 6 Months | d. STREET 701 Broadway | n) Reside on Farm Yes O No D | | | | | | |
| oi couses | 1 | 3. MAME OF First Middle DECEASED (Type or print) William Gustin | Parr death Camuary | | | | | | | |
| natura | [| managed to hever managed to hever managed | 8. DATE OF BIRTH 9. AGE (In years IF UNDER last highlight) 1000 7. 1866 1000 Months | YEAR IF UNDER 24 HRS. Days Hours Min. | | | | | | |
| 0 | | Marke WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY | WORL I TORROR TAX I I | N OF WHAT COUNTRY? | | | | | | |
| ь до В1. Е | | Jarmer Jarmer | Clinton County, Mr 14. | s. a. | | | | | | |
| a death due to POSSIBLE | , | 13. FATHER'S NAME Sohn Parr | 14. MOTHER'S MAIDEN NAME SUSON COLLINS | | | | | | | |
| 10 d IF P(| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address | | | | | | | |
| certify 1 WRITE I | Ľ | no none | Mrs. Dorothy Fagin, Sathro | h, Mo. | | | | | | |
| 1 171 | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LUSEPLA | lomalaris | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| z | l | Conditions, if any. Due to (b) arterise to | relevosia. | 2400 | | | | | | |
| Coroner o | | above cause (a), stating the under- lying cause last. DUE TO (c) | | | | | | | | |
| ated. NK OR | 91 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED | to the terminal disease condition given in Part I(a) $332X$ | 19. WAS AUTOPSY PERFORMED? YES NO 12 | | | | | | |
| Iy rali ACK II | | 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | |
| casual LY BL | | 20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. | | | | | | | | |
| must be casually related USE ONLY BLACK INK (| | ZOd. INJURY OCCURRED WHILE AT NOT WHILE WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY | STATE | | | | | | |
| - | l | 21. I attended the deceased from | and last saw her alive on | -14-58 | | | | | | |
| P ar | | | stated above; and to the best of my knowledge, from | 22c. DATE SIGNED | | | | | | |
| <u>.c</u> | L | every Graden | Like ites this | 1/18/58 | | | | | | |
| **** | 2 | 130. BURIAL CREMATION. 236. DATE 232. NAME OF CEMETERY OR CR. 1310 Creenlawn Ce | | (siái) Souri | | | | | | |
| / | [2 | 24 FUNERAL DIRECTOR LAND HOME, Plattsburg, Inc. / | TE RECD. BY LOCAL REG. 26 REGISTRAPS SHEMATURE | Lam | | | | | | |
| (Licensed Embalmer's Statement on Reverse Side) | | | | | | | | | | |





STATEMENT BY LICENSED EMBALMER

| 1 | I hereby certify that the | body whose n | ame is 1 | recorded on | the reverse s | ide of this | certificate | was |
|--------|---------------------------|--------------|----------|-------------|---------------|-------------|-------------|-----|
| by me | , or by | | | | , | Student E | mbalmer No | 0 |
| workin | ng under my personal su | pervision | • | | \mathcal{M} | ė n | , | |

Student.....Signature of Student Embalmer

DO. 69

Licensed Embalmer No. 7.

P. O. Addres Raush

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