SIRTH NO. I. PLACE OF DEATH a. COUNTY Moniteau CO b. CITY (In contain comparison in the author of the contain of the contai	FILED DOT 1	0 10EA	THE DIVISION OF HE				34664
P.L. CE OF CEATH a. COUNTY MONITERUS CO	LIEER ANI T	0 1554	STANDARD CERTIF	CATE OF DE	AIH Sta	te File No	20
a. COUNTY MONITERUS CO b. CITY (IT excelles comparise limits, write BURBAL and drive of Country) FIRST (IT excelles comparise limits, write BURBAL and drive of Country) FIRST (IT excelles comparise limits, write BURBAL and drive of Country) FIRST (IT excelles comparise limits, write BURBAL and drive of Country) FIRST (IT excelles comparise limits, write BURBAL and drive of Country) FIRST (IT excelles comparise limits, write BURBAL and drive of Country) FIRST (IT excelles comparise control of the Country) FIRST (IT excelles control			REG. DIST. NO.				
TOWN Rural Linguage of the control is because of location of the control of the			Jo	a. STATE Mis	SOURI b. Co	lived. If inet	oniteau befor
ACIE BENJAME OF DECRASED ACIE BENJAMINE DECRETATION (MOST PRINT) S. SEX MAIL White White Wildows and the control of the contr	ΛP		T. T. Dwoship) STAY (in this place)	ll on	1	d. Is Res a city Yes	idence within limits of or incorporated town?
County C	HUSPITAL OR	_ _		. STREET ADDRESS Rt		own,	MO 0680
Comparison Com	DECEASED			• •			(Day) (Year)
DA. USUAL OCCUPATION (Give shad of week) Grand Graphs units and week of graphs units and week of graphs units and well reduced) GRETATION FATTIM OWN FATTIM MISSOUTI 14. NAME OF HUSBAND OR FIFE Deceased Deceased 15. MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN U.S. ARMED FORCES? To allow purposes of data of service) NONE The only one occuse per ne for (a), (b), and (c) "This does not meet the distance of the distan					DEATH		
ACCIDENT CAUSES ACCIDENT C	Male C	White			-, ,,oz (***)	Months	
Squire Houk 5. WAS DECEASED EVER IN U.S. ARMED FORCES? Wen. Do. Called Forces? NO 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Inter only one cause per ne for (a), (b), and (c) "This does not mean the distance of surface	done during most of working	us life, even if retired)	DUSTRY	, ,,,	ity and State or Foreign (ountry)	12. CITIZEN OF WHAT
5. WAS DECEASED EVER IN U. S. ARMED FORCES? IS. SOCIAL SECURITY NO. NONE NO. NO. NONE NO. NO. NONE NO. NO. NO. NONE NO.		k					E
ANTECEDENT CAUSES Medicing of (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, it is to the above cause (a) stating the underlying cause last. Morbid conditions, if any, giring DUE TO (b) This does not mean the mode of dying, such as heart failure, asthenia, it is to the above cause (a) stating the underlying cause last. Morbid conditions, if any, giring DUE TO (b) The to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sulcides Morbid conditions, if any, giring DUE TO (b) The to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sulcides Sulcides Morbid conditions, if any, giring DUE TO (b) The to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sulcides Sulcides Morbid conditions, if any, giring DUE TO (b) The to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions, if any, giring DUE TO (b) The underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS The underlying cause last. Sulcides The to the above cause (a) stating the underlying cause sant on the date stated above. The property of the disease or condition causing death. Sulcides The total above cause (a) stating the underlying cause last. The total above cause (a) stating the underlying cause last. The total above cause (a) stating the underlying cause last. The total above cause (a) stating the underlying cause last. The total cause of the underlying cause last. The total above cause (a) stating the underlying cause last. The total above cause (a) stating the underlying caus	Yes. no. grunknown) (If :	R IN U.S. ARMED yea, give war or dates	Lot earrice) NO	m 12/	S SIGNATURE OR	NAME	ADDRESS.
Morbid conditions, if any, giving DUE TO (b) sheat fallure, asthenia, it. It means the discussed death. Morbid conditions, if any, giving DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Sa. DATE OF OPERATION TION III. OTHER SIGNIFICANT CONDITIONS Sa. DATE OF OPERATION III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIG	Inter only one cause per	I. DISEASE OR C	CONDITION	ENTIFICATION WAS A STATE OF THE	eusis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 11d. TIME (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. TIME (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. Time (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. Time (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. Time (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. Time (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. Time (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. Time (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 11d. Time (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 12d. Time of the feeceased from (Month) (Day) (Year) (Hour) (Not white) (Month) (Not white) (Month) (Not white) (Month) (Not white) (Month) (Month	the mode of dying, such as heart failure, asthenia,	Morbid condition	ss, if any, giving DUE TO (b)		·		
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUIGIDE 11b. PLACE OF INJURY (e.g., in or about home. farm, factory, street, office bidg., etc.) 11c. ACCIDENT SUIGIDE 11d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WORK NOT WHILE MY WOR					<u> </u>	· · · · · ·	
AND DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES NO NO NO TOWN OF TOWNSHIP (COUNT) YES NO NO NO NOT WHILE NOT WHILE AT WORK NOW, 19b. And that death occurred at 3/3014 from the causes and on the date stated above. 21c. (CTD. TOWN OF TOWNSHIP) (COUNT) (SATE) NOT WHILE	ion which caused death.						
216. PLACEOFINJURY (e.g., in or about HOMICIDE 216. INJURY (box), farm, factory, street, office bidg., sto.) 216. INJURY (box), farm, factory, street, office bidg., sto.) 216. INJURY (box), farm, factory, street, office bidg., sto.) 216. INJURY (box), farm, factory, street, office bidg., sto.) 217. HOW DID INJURY OCCUR? 218. HOW DID INJURY OCCUR? 219. How DID INJURY OCCUR? 220. DATE SIGNIFICATION (City, town, or county) 220. DATE SIGNIFICATION, REMOVAL (Breedly) 2219. How DID INJURY OCCUR? 2229. How DID INJURY OCCUR? 2230. ADDRESS 2230. ADDRESS 2240. How DID INJURY OCCUR? 2250. How D	9a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION	7	4	500	
WHILE AT WORK NORTH WORK NORTH NOT WHILE INJURY 2. I hereby certify that I attended the feecased from Alive of	ia. ACCIDENT SUICIDE HOMICIDE	(Specify)		21c. (OTT), TOWN OR	FOUNSHIP S (COUNTY	
2. I hereby certify that I attended the deceased from 1954, to 1954, that I last saw the deceased alive of 1954, and that death occurred at 3/30Ag. from the causes and on the date stated above. 33. SIGNATURE (December 1964) 23b. ADDRESS (23c. DATE SIGNITURE) 23c. DATE SIGNITURE (State) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10/14/54 Union Cemetery Jamestown, Mo PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 5.06 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE 5.06 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		(Day) (Year)	WHILEAT NOT WHILE	21f. HOW DID INJURY	OCCUR?	,	
As. SIGNATURE (Degree of title) 23b. ADDRES 4a. SURIM CREMA- ION, REMOVAL (Specify) 10/14/54 Union Cemetery Jamestown, Mo NATE REC'D BY LOCAL REGISTRARY SIGNATURE 506 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O 14 555		hat Lattended t	the Aeceased from	3/30A, 10/10/	, ,		
Surial 10/14/54 Union Cemetery Jamestown, Mo ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 506 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6 14 856 The surial Bouling - California B		Box			L'Annie	·	23c. DATE SIGNED
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 506 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O 14 900 Tologo O Teach Boulin - Crelifornia B	4a. BURIMA CREMA- TON, REMOVAL (Breedly)	24b. DATE	_ {			own, or coun	
The state of the s			IGNATURE 506	,		D-y AD	
	×111/27	1110	· · · · · · · · · · · · · · · · · · ·	tatement on Barrer Ci	ulin - Tu	40	ma M

STATEMENT BY LICENSED EMBALMER

	I hereby certify th	at the body whose	name is reco	orded on the re	verse side of this	certificate was emba
by m	e, or by	•••••			, Student E	mbalmer No
work	ing under my perso	onal supervision				

Student Signeture of Student Embelmer

Signed Jock N Boesling
Licensed Embalmer No. 493

P. O. Address California,

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