. THE DIVISION OF HEALTH OF MISSOUR!											
THEO APR 2	- 1956	STANDARI	D CERTIF	CATE OF DE	ATH Stat	e File No	3087				
BIRTH NO		REG. DIST. NO.	42	PRIMARY REG. DIST.	NO. 1000 Reg	istrar's No	335				
T DI ACE OF DEA	TU				DENCE (Where deceased						
a. COUNTY	i H	ما المال المالية		a. STATE		UNTY	z; residence before admission).				
RIL	Much	A State of the sta			0. 00	Danie					
b. CITY (If outside cor			LENGTH OF	c. CITY (If outside so	rporate limits, write RURAL						
OR TOWN ALM	7)		AY (in this place)	OR TOWN	14 I	\aa	n				
	Jan ple	mo: !=	30 day		Mout	<u></u>	— <u>~!</u>				
d. FULL NAME OF (1) HOSPITAL OR INSTITUTION	not in hospital or inst	titution, give street add	ress or location)	d. STREET ADDRESS	(If rural, give location)		D 2. 1				
INSTITUTION	men	cer blong	tal				• 1				
3. NAME OF	a. (First)	b. (Mi	ddle)	c. (Last)	4. DATE	(Month) (Da	ay) (Year)				
DECEASED	(00	-		OF DEATH	(1120201) (2)					
(Type or Print)	Jornan	<u> </u>	ester	Cossit	·	Mar 2	<u>5 1956</u>				
5. SEX 4/6. (COLOR OR RACE	7. MARRIED, NEVER	R MARRIED,	8. DATE OF BIRTH	9. AGE (In ye	Months Days	Hours I Min.				
~ 0.	lita	WIDOWED, DIVOR		5-4-19	1881 74	, Drawer Days	ATOMIN SAIS,				
10a. USUAL OCCUPATIO	1	10b. KIND OF BUSI		11. BIRTHPLACE (State		1 12 6	ITIZEN OF WHAT				
dong during most of workin	g life, even if retired)	A A	DUSTRY	The street of th	e or respekt andarek)	<i>O</i> ''cŏ	UNTRY?				
Grocen		From	uma_	Brown	news Me.	. " 1	/ S #				
13a. FATHER'S NAME	,		ER'S MAIDEN	NAME	14. NAME OF HUSBA	ND OR WIFE					
11 26	/ ♥ . • <u>/</u>			Gran A	1 P:4	Carriet	.				
William	asso	$q + \alpha \alpha$	CCU	17. INFORMANT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		/				
15. WAS DECEASED EVER	R IN U.S. ARMED FO	ORCES? 16. SOCIA	L SECURITY NO.	.17. INFORMANT	S SIGNATURE OR	NAME '	ADDRESS				
	, ma, p, 170 was or caste of	493-3	8-8902	Rita Cass:	ity. Altamo	ont. Mo.	1				
18, CAUSE OF DEATH			MEDICAL C	ERTIFICATION		j int	ERVAL BETWEEN				
Enter only one cause per 1	1. DISEASE OR CONDIRECTLY LEADIN	NOITION	TO .	1 1		ON	ISET AND DEATH				
line for (a), (b), and (c)	DIRECTLY LEADIN	IG TO DEATH*(a) _(end	nal les	- otemel						
	ANTECEDENT CAL	ISES			_						
*This does not mean	AC III NA	ISES if any, giving DUE T use (a) stating	о (b) - 12-е	electes Y	releter	21	112156				
the mode of dying, such as heart fallure, asthenia,	rise to the above cau the underlying cause	ij any, gwing 552 . ise (a) stating	مرسوس (د) پ	<u> </u>							
etc. It means the dis-	the underlying cause			, _	PAV		· · · · · · · ·				
ease, injury, or complica-		DUE T	0 (b) / ca	- Jenn	7 11. Fort 4	219. 31	25/56				
tion which caused death.		CANT CONDITIONS		· C Mayro ·							
	Conditions contribut	ting to the death but no or condition causing (Di death								
19a. DATE OF OPERA-		NGS OF OPERATION			, , ,	20.:	AUTOPSY?				
TION	CA P	ACCOUNTAGE	ר' ס	1 , 0		אממול ב					
3/13/56	Tung	une 9	15 TV	or welle	well leg.		ES NO				
21a. ACCIDENT	(Specify) 21	b. PLACE OF INJURY	(e.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNTY)	(STATE)				
SUICIDE HOMICIDE		ome, farm, factory, street	, outoe Diog., #10.)		, ,						
21d. TIME (Month)	(Day) (Year) (H	our) 21e. INJURY	OCCURRED	21f. HOW DID INJUR	Y OCCUR7						
OF .	(DPA) (Iden) (H	WHILEAT	NOT WHILE []		•						
✓ INJURY > * *	-	.m.: WORK	AT WORK		<u> </u>						
22. I hereby certify t	hat I attended th	e deceased from	2/25	1956 10 2	1956,	that I last say	v the deceased				
alive on 3:/25	- 10 2-1	and that docth	accurred at		the causes and on the						
							. DATE SIGNED				
23a, SIGNATURE +		, , (μ	extee or time)	23b. ADDRESS	0	_					
1 21-20		مستصم	W. O.	11 10	ush Mi	<u> 7 급</u>	125/56				
24a. BURIAL, CREMA- TION, REMOVAL (Speedby)	24b. DATE	24c. NAME	OF CEMETER	Ý OR CREMATORY	246. LOCATION (City, to	own, or county)	(State)				
TION, REMOVAL (Breakly)	3-99-70	EC TO	O.F.Ce	metenv		Missouri	Ĺ				
Burial	3-28-19		O P OO	25. FULLERA DUE	/	ADDRE					
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	GNATURE /	loo ·	1 X.O. XI	mean.						
Mar 27, 1956	Costn	wm. a	Cleson	Hope Fune	ral Home, G	allatin,	, IEU •				
(Licensed Embaimer's Statement on Reverse Side)											
		•									

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of thi	is ce	rtificate v	vas embalmed	by me, o	or by
		Student	Enbalmer No	\sim	
Sorking under my personal supervision		_			

Jan Tomas

Licensed Embalmer No.2

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

Student Embaimer

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.