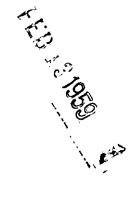
	THE DIVISION OF HEALTH OF MISSOURI				
No. 200 10.48	FILED AUG 24 1953	STANDARD CERTIF	STANDARD CERTIFICATE OF DEATH  State File No		
	BIRTH NO	REG. DIST. NO42	PRIMARY REG. DIST. NO. 5129	Registrar's No. 904	
v D	a. COUNTY BUCK	A A/ A A/	2. USUAL, RESIDENCE (Where de	ceased lived. If institution: residence before b. COUNTY admission).	
AL 1	b. CITY (If outside corporate limit OR	its, write RURAL and give C. LENGTH OF	c. CITY (If outside corporate limits, write E	URAL and give township)	
. 8	d. FULL NAME OF (If not in bo	1-4 Platte lup6 yrs	d. STREET (If rural, alve loca	- Platte Twp.	
RECORE	HOSPITAL OR INSTITUTION 7 M /	LE N.E. DEARBORN	II ADDRESS /	E. DEARBORN	
	3. NAME OF B. (First) DECEASED	b. (Middle)	c. (Last) 4. DA		
ENT	(Type or Print)  5. SEX   6. COLOR O	R RACE   7. MARRIED, NEVER MARRIED,	B. DATE OF BIRTH 19. AG	(In years of those I YEAR IF those is the	
. IMA	FEMALE WAI	TE WIDOWED, DIVORCED (Specify)	FEB. 28, 1872 8	pirthday) Months Days Hours Min.	
PERMANENT	10a. USUAL OCCUPATION (Give kind done during most of working life, even	if retired) DUSTRY	11. BIRTHPLACE (State or foreign sountry)	12. CITIZEN OF WHAT COUNTRY?	
	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN		HUSBAND OR WIFE	
3	WILSON T. ST.	TEPHENS URILLA ARMED FORCES?   16. SOCIAL SECURITY	WELCH GEO. W	OR NAME ADDRESS	
МАКЕ		ar or dates of service)  NONE  NO.	MRS. S. J. POLLAR	7,221,200	
j	18. CAUSE OF DEATH Enter only one course per   1. DISEA	SE OR CONDITION LY LEADING TO DEATH*(a)	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
INK			Var Jagusta	with 6 years	
ACK	the mode of dring, such Morbid	conditions, if any, giving DUE TO (b)	vancing in	nary U	
H H	etc. It means the dis-	he above cause (a) stating erlying cause last.	somboris la	A The	
IN G		R SIGNIFICANT CONDITIONS	0 0 1	2 4	
.vDI		ms contributing to the death but not of the disease or condition causing death.  JOR FINDINGS OF OPERATION	me of the	2 1 20. AUTOPSY?	
UNFADING	TION TION	AND PRODUCTION OF THE STATE OF		4201 YES NO E	
SING	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bldg., sto.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY) (STATE)	
-0'sl	21d. TIME (Month) (Day) OF INJURY	(Year) (Hour) 21e. INJURY OCCURRED WHILE AT MOT WHILE	21f. HOW DID INJURY OCCUR?		
ĽŸ-	22. I hereby certify that I attended the deceased from Light 1954to Mg 2, 1957that I last saw the deceased alive on June 361965, and that death occurred at L30A m., from the causes and on the date stated above.				
NIA					
e Pi	23a. SIGNATIONE	7 1 mu 1110	23b. ADDRESS Dearbo	20. DATE SIGNED  Cong 1 153	
RIT	24a. BURIAL, CREMA- 24b. D. TION, REMOVAL (Speedby)	02 /2 11	20	FIELD MO:	
*	DATE REC'D BY LOCAL REGIS	TRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATI	JRE ADDRESS	
	Aug 22, 1953 16.	other M. allison	VAUGHN-AUFRAN	C DEARBORN, MO.	
	(Licensed Embalmer's Statement on Reverse Side)				



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse s	side of this certificate was embalmed by	/ me, or by
working under my personal supervision.	_ 1	1
	111 R 1/2.	

P. O. Address P.

the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.