

STATE OF MISSOURI

DEPARTMENT OF HEALTH

Division of Health Services

CERTIFICATE OF

0-110
10-1-74

DATE OF DEATH

AGE

SEX

RACE

CAUSE OF DEATH

PLACE OF DEATH

Place of death, if not in Missouri

Place of death, if in Missouri

Place of death, if in Missouri

Place of death, if in Missouri

Place of death, if in Missouri

Place of death, if in Missouri

Place of death, if in Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No. 5095-

P. O. Address Flat River, MO

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

OFFICE OF THE STATE EMBALMER

ST. LOUIS

STATE OF MISSOURI

DEPARTMENT OF HEALTH

Division of Health Services