

DECLARATION

I have the primary right to make my own decisions concerning treatment that might unduly prolong the dying process. By this declaration I express to my physician, family and friends my intent. If I should have a terminal condition it is my desire that my dying not be prolonged by administration of death-prolonging procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw medical procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. It is not my intent to authorize affirmative or deliberate acts or omissions to shorten my life rather only to permit the natural process of dying.

Signed this _____ day of _____, _____
(year)

Signature _____

City, County and State of residence _____

The declarant is known to me, is eighteen years of age or older, of sound mind and voluntarily signed this document in my presence.

Witness _____

Address _____

Witness _____

Address _____

County of _____

State of Missouri

Before me, the undersigned authority, personally appeared _____,
_____, and _____ known to me to be declarant and
the witnesses whose names are signed to the foregoing instrument, and who, in the presence of each other, did
subscribed their names to the Declaration on this date.

My commission expires:

Notary Public

(Seal)

REVOCATION PROVISION

I hereby revoke the above Declaration.

(Signature of Declarant)

(Date signed)