| | | | DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH UBLIC HEALTH AND WELFARE =62-035 | 785 |
|-------------------------------|----------|-----------|--|--|
| DO NOT WRITE | AMENE | | Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 28 | NUMBER |
| ON THIS STUB | 1-1-1 | , , | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution | |
| VS 300 Rev. 4/59 | AMENDED | | b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY | admission) |
| , | L VEN | | OR ON ON THE TOTAL OF THE TOTAL | Yes A No |
| 10890 | | | c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) | Reside on Farm |
| 20890 | DATE | | HOSPITAL OR RAY Co. MEMORIAL HOSA: TAL Yes No IX | Yes 🗆 No🚚 |
| 3 2 | | П | 3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) 0F 0F | |
| 4 , | | 1 | 5. SEX 6. COLOR OR RACE 7. Married Never Married 18. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YE | AR I IF UNDER 24 HR |
| 5 2 | | | Jamele Widowed Divorced April (2/877 85 Months Days | |
| 6 | 2 | | during most, of working life, even if retired) | OF WHAT COUNTRY |
| 7 | | | 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WI | IFE _ |
| 8 | <u> </u> | | SAMUEL NEWHAM FRANCES SHIKKY GED. T. TEMPLE | (Gend) |
| 2 2 | ? | | TS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 18. SOCIAL SECURITY NO. 17. INFORMANT Address FRANCES GENTRY - NOR BOR. | 45. Mr. |
| | | = | - I I B. CAUSE OF DEATH (Enter only one cause per line for Le), (b), and (c). | INTERVAL BETWEEN ONSET, AND DEATH |
| 10 / | 2 | ME | IMMEDIATE CAUSE (or Lanto Muschaerrons deukamina | hukus |
| 11 5 | | DOCUMEN | | |
| 12 / / | INSTEAL | | which gave rise to | |
| 13 2-0 | Ž - | \perp | above cause (a), stating the under-lying cause last. DUE TO (c) | |
| | ' | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased there a preg | i was female was mancy in last 90 days. |
| STA | - 1 1 1 | | ■ | No Unknown |
| ZO NO | | | 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART YES NO 10 YE | II of item 18.) |
| Z | | | V 20c. TIME OF Hour Month, Day, Year | |
| RIBBON | ` | 1 | INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY | STATE |
| | | | 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WO | |
| ₹8₩ | READ | | 21. I attended the deceased from 1-31-10-10-10-10-10-10-10-10-10-10-10-10-10 | -62 |
| 8 E | | | Death occurred at | causes stated. |
| USE BLACK OR TYPEWRITER | SHOULD | P. | 22a. SAGNATURE (Degree or title) 22b; AUDRESS | 22c. DATE SIGNED |
| ⊢ | s | VIT. | 23. BURIAL CREMATION, 23b, DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LQCATION (City, town, or county) | (State) |
| | Š. | AFFIDAVIT | 23a. BURIAL, CREMATION, PEMOVAL (Specify) 8-30-1962 WAKENDA CEM. 23d. LOCATION (City, town, or county) | Ma s |
| | ITEM N | AFF | 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | |
| | | | BORCHEROING FUR. HORE. HARDING Mb. 9-10-1962 Malul gack | ava _ |
| · | | | (Licensed Embalmer's Statement on Reverse Side) | |

no rumet obtained

STATEMENT BY LICENSED EMBALMER

| | | 76 | , Student Embalmer No. |
|----------------|--------------------------|--------------------|----------------------------|
| under my perso | r onal supervision. | | |
| | • | | |
| | rure of Student Embalmer | Signed_ <i>[</i> / | lique Bouluding |
| Signa: | ore or student embalmer | | /// |
| | | | Licensed Embalmer No. 4478 |

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.