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18. CAUSE OF DEATH		MEDICAL	CERTIFICATION	1	INTERVAL BI
Pater only on a server new 1	. DISEASE OR COI	NDITION 1	Da Talling	. Banch le	ONSET AND
line for (a), (b), and (c)	DIRECTLY LEADIN	IG TO DEATH (a)	Re muino	My Junicour	<u> </u>
	ANTECEDENT CAL	Heec			
"" 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
the mode of dring, such	Morbid conditions,	if any, giring DUE TO (b)			
as heart failure, asthenia, etc. It means the dis-	the underlying cause	e last.	•	•	l
case, injury, or complica-		DUE TO (c)			
	I. OTHER SIGNIFI	CANT CONDITIONS		•	•
	Conditions contribu	iting to the death but not e or condition causing death.		. `	./
					/ 20, AUTOP:
19a. DATE OF OPERA-	196. MAJOR FINDI	INGS OF OPERATION		# U ! /	AU AU IOP
IION				(ع	YES
21. ACCIDENT (6	specify) 21	1b. PLACE OF INJURY (e.g., in or abo	et 21c. (CITY, TOWN, OR T	OWNSHIP) (COUNT)	Y) (STAT
SUICIDE		ome, farm, factory, street, office bldg., et	e)	•	•
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	(Day) (Year) (H	Iouz) 21e. [NJURY OCCURRE	D 211. HOW DID INJURY (OCCUR7	
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alive on TAC 23a. SIGNATURE 24a. BURIAL, CREMA- TION, REMOVAL (Baselly)	Sw. C	24c. NAME OF CEMEN 949 11d Habtst	TERY OR CREMATOR 2	• •	/0,"

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

working under my personal supervision.

Student Embalmer

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No..

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