INTRO REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 53 Le Registron No. 12  I. PLACE OF DEATH  a. COUNTY  PLACE OF DEATH  a. COUNTY  PLACE OF DEATH  a. COUNTY  PLACE OF DEATH  b. CLY (If guided corporate limits with a Burdle and after to wanthlo)  SAY (In this believe)  SAY (In this believe)  SAY (In this believe)  SAY (In this believe)  C. CITY (If guided corporate limits, write RURAL and drive township)  SAY (In this believe)  C. CITY (If guided corporate limits, write RURAL and drive township)  A. SIATE  D. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  A. SIATE  D. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and drive township)  C. CITY (If guided corporate limits, write RURAL and driv	film ern	10 1050	THE DIVISION OF HE	2 /		30200
1. FLACE OF DEATH a. COUNTY A	LITTED SEL	19 1950	STANDARD CERTIF	ICATE OF DEAT	TH State Fil	
a. COUNTY   E TO R   A CHART OF COUNTY   E TO	BIRTH NO		REG. DIST. NO. 137	PRIMARY REG. DIST. NO	55 6 Registra	r's No. 22
OR TOWN  d. FILL MANGE OF, (Irbota is baspitual or institucting), give atreats address or locations  HOSTITUDION  3. NAME OF, (Irbota is baspitual or institucting), give atreats address or locations  HOSTITUDION  3. NAME OF, (Irbota is baspitual or institucting), give atreats address or locations  HOSTITUDION  3. NAME OF, (Irbota is baspitual or institucting), give atreats address or locations  1. DATE (Monta)  3. NAME OF OF DEATH  5. SEX  5. SEX  6. COLOR OR RACE   7. MARTHED NEVER MARRIED.  FE THALE   NAME   1. MARTHED NEVER MARRIED.  1. SEX OF OF BIRTH  1. DEATH   94.0  1. Location of worder enumeration of the control of the		#Ens	24	a STATE	b COUNT	V / / _ adminion)
THE CHIEF OF PATH A PARTY OF P	OR VA	rpurate limits, write RUI	RAL and five c. LENGTH OF STAY (in this place)	II OR 💋 🗓	nate limits, write RURAL and a	
Type or Print)    A   A   A   A   A   A   A   A   A	MUSPITAL UK	If not in hospital or inst	itution, give street address or location)	d STREET ADDRESS SO		Ē
S. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. ACE its year of roctal at some to the property of		a. (First)	b. (Middle) A LAZET+		· ^-	_ , , , , , , , , , , , , , , , , , , ,
100. USJAL OCCUPATION (Give his day of work) 100. KIND OF BUSINESS OR IN- DUSTRY 1  130. MOTHER'S MANE  130. MOTHER'S MAIDEN NAME  140. MOTHER'S MAIDEN NAME  150. MOTHER'S MOTHER'S MAIDEN NAME  150. MOTHER'S MOTHER'S MAIDEN NAME  150. MOTHER'S MO		COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	IF UNDER I YEAR   IF LINDER 14 HES.
38. FATHER'S NAME  13. MOTHER'S MAIDEN NAME  15. WAS DECASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY 17. NAFORMANT'S SIGNATURE OR NAME  18. CAUSE OF DEATH 18. CAUSE OF DEATH 28. CAUSE OF DEATH 29. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  19. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (b) Major Carlot of Mining, such 18. CAUSE OF DEATH 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECT DEATH* ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH* ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECT DEATH*  ANTECEDENT CAUSES  ANTECEDENT	IOn. USUAL OCCUPATIO	ON (Give kind of working life, even if retired)	10b. KIND OF BUSINESS OR IN-	000.00		12. CITIZEN OF WHAT COUNTRY?
If yes, styd war or dates of service)  NO. SALES OF DEATH Enter only one obuse per Interval general possesses on mean Interval general possesses on the possesses on mean Interval general possesses on the possesses on mean Interval general possesses on the possessesses on the possesses on the posse	3a. FATHER'S NAME	14/// m s				
Enter any one cause per line for (a), (b), and (c) (c) (c), and (c), (b), and (c) depth (a) the mode of dying, such as heart feature, asthenia, fix to the above cause (a) stating the underlying cause last.  Morbid conditions, if one, giving DUE TO (b) attriorization as heart feature, asthenia, fix to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Ordations contribution to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA—TION  19b. MAJOR.FINDINGS OF OPERATION  19a. MAJOR.FINDINGS OF OPERATION  21a. ACCIDET (Breetly)  SUICIDE (Mousta) (Day) (Year) (Hour)  OF INJURY (SEAT)  21b. PLACE OF INJURY (sea. in or about SUICIDE HOMICIDE  21c. (INJURY (SEA. in or about White attriory servest, office bidg., sea.)  OF INJURY (Day) (Year) (Hour)  OF INJURY (SEAT)  21b. How DID INJURY OCCUR?  AT WORK  21c. (CITY. TOWN, OR TOWNSHIP)  (COUNTY) (STATE)  WHITE ATT WORK (STATE)  21c. (CITY. TOWN, OR TOWNSHIP)  (COUNTY) (STATE)  21d. Time (Mousta) (Day) (Year) (Hour)  OF INJURY (SEAT)  OF ANY WORK  22l. Intereby cartify that I attended the deceased from White attrior or work with the decease and on the date stated above.  22a. BURNAL, CREME- 100 ATTENDED (SIATOR)  ANTOR CREMETORY (CITY, TOWN, OR TOWNSHIP)  DATE RECO BY LOCAL  REGISTAR'S SIGNATURE  (Siator)  (Givensed Egibaliner's Stateward on Reverse Side)  (Givensed Egibaliner's Stateward on Reverse Side)				17. INFORMANT'S	SIGNATURE OR NAM	E ADDRESS
the mode of gring, such as heart feture, asthenia, tate. It means the distance of the above cause (a) stating auxelents.  Morbid conditions, if ony, giring DUE TO (b) Arthrogadistic as heart feture, asthenia, tate. It means the distance of the above cause (a) stating auxelents.  DUE TO (c)  DUE TO (b) Arthrogadistic and the state of the above cause (a) stating auxelents.  DUE TO (c)  DUE TO (c)  DUE TO (d) Arthrogadistic auxelents (d) the underlying cause least to the disease or condition causing deth.  DUE TO (c)  DUE TO (b) Arthrogadist (up and underlying cause least the underlying cause least the underlying cause least to the disease or condition causing deth.  DUE TO (c)  DUE TO (b) Arthrogadist (up and underlying cause least the underlying cause least to the disease or condition causing deth.  DUE TO (c)  DUE TO (b) Arthrogadist (up and underlying cause least to the disease or condition causing deth.  DUE TO (c)  D	Enter only one cause per	I. DISEASE OR CON DIRECTLY LEADIN	NOTION	ERTIFICATION Chr	onie	ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death.   19a. DATE OF OPERATION   19b. MAJOR.FINDINGS OF OPERATION   20. AUTOPSYT YES   NO	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions, rise to the above cau the underlying cause	if any, giving DUE TO (b) Arguer (a) stating plast.  DUE TO (c)	teriorclero	is and	4-5 years
21a. ACCIDENT (Breelty)   21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)    21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby cartify that I attended the deceased from Welling or Work   19 49, to feether 19 50, that I last saw the decease alive on flug of the deceased from occurred at 100 fm., from the causes and on the date stated above.  23a. SIGNATURE (Month) (Day) (Year) (Hour)   23b. ADDRESS   23c. DATE SIGNED OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State)   10 fm. (State	tion which caused death.	Conditions contribut	ting to the death but not			H431
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  21f. How DID INJURY OCCUR?  22f. How DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  22f. How DID INJ	19a. DATE OF OPERA- TION	19b. MAJOR FINDI	NGS OF OPERATION		. 1	
22. I hereby certify that I attended the deceased from arms that death occurred at alive on flug 19 or arms that death occurred at 100pm, from the causes and on the date stated above.  23a. SIGNATURE  24a. BUNAL, CREMA- TION REHOVAL (Greater)  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  25d. LOCATION (City, town, or county)  26d. LOCATION (City, town, or county)  27d. LOCATION (City, town, or county)	21a. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR TO	OWNSHIP) (COUN	
22. I hereby cartify that I attended the deceased from Occurred at 6.00 pm., from the causes and on the date stated above.  23a. SIGNATURE  24a. BUMAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  DATE RECORD BY LOCAL REGISTRAR'S SIGNATURE (Signature)  Character of Character	OF .	(Day) (Year) (Ho	WHILE AT [ ] NOT WHILE [ ]	21f. HOW DID INJURY O	CCUR7	
24a. BU MAL. CREMA- TION REHOVAL Greaters  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State)  AND CLINION  CLINION  CLINION  CLINION  CALINION  CALINION	2. I hereby certify to	that Lattended the	deceased from Decemb			
TION REMOVAL (Specially) 9/6/50 ENGLE WOOD CLINTON NO DATE RECID BY LOCAL REGISTRAR'S SIGNATURE 16.22.25. EUPERAL DIRECTOR'S SIGNATURE ADDRESS Sept-16-50 Florence action on Reverse Side)	<del></del>	OL	<del>'</del>		misocin	23c. DATE SIGNED
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE  LE 20 25. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  SERI-16-50 Florence Calauro  (Licensed Epibaliner's Statistical on Reverse Side)	24. BUMAL, CREMA TION, REMOVAL (Brents	5 21 1	<i>H</i>	م ان مما		
	Seri- Leg	REGISTRAR'S SIG	nature adamo	25. EUNERAL DI RECTO	R'S SIGNATURE	
	0			itatement on Reverse Side)		7

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_ Date Filed 9-18-50

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\_\_\_\_\_\_

working under my personal supervision.

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.