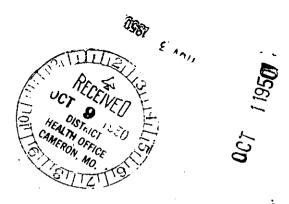
No. 300	FILED OCT 1	1 1950	THE DIVISION OF HE STANDARD CERTIF	-	ATLI'	1. File No. 312	201.
. 4 -	BIRTH NO		REG. DIST. NO. 25/	PRIMARY REG. DIST.		pistrar's No. 4	19
142	1. PLACE OF DEA	тн lodaway		a. STATE M1 86	DENCE (Where decembed by C	lived. If institution: r	admission).
O	b. CITY (If outside corr OR TOWN Maryv			c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Burlington Junction			
RECORD	d. FULL NAME OF (If not in bospital or institution, give street address or lossition) HOSPITAL OR ST FRANCIS HOSPITAL			d. STREET (II runs), give location)			 .
	3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) Stewart	c. (Last) Boyer	4. DATE OF DEATH	(Month) (Day) Oct. 2	(Year) 1950
PERMANENT		COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	,	earn of these i was I a	UNDER M HRS.
ERMA	10a. USUAL OCCUPATION done during most of working etired fari	N (Give kind of work g life, even if retired) NOT	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State Fries, Vi	te or foreign country)		EN OF WHAT
▼	13a. FATHER'S NAME John W Bo		13b. MOTHER'S MAIDEN Kate Hoilm		Mary Ann		· .
MAKE	15. WAS DECEASED EVER		FORCES? 16. SOCIAL SECURITY		'S SIGNATURE OR		DDRESS
INK—3	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR C DIRECTLY LEAD	,	ulpuesti	wan Bl		AL BETWEEN AND DEATH
ACK	*This does not mean the mode of dying, such	ANTECEDENT Co	AUSES s, if any, giving DUE TO (b)	orary a	liseane.	~	
B.	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	rise to the above of the underlying car	uuse (u.) stating ()	endined (Orterio Sela	uris	1 to 12 to 15
UNFADING			FICANT CONDITIONS '- buting to the death but not use or condition causing death.	bial Chemanhage		43	01
UNEA	19a. DATE OF OPERATION	19b. MAJOR FIN	DINGS OF OPERATION : .	e e e e e e e e e e e e e e e e e e e	() +1 +1 ±1	20, 'AU'	ropsy?
1	21a. ACCIDENT (SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., sec.)	21c. (CITY, TOWN, OR	R TOWNSHIP) (COUNTY) (S	STATE)
sn—	21d. TIME (Mosth) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	2H. HOW DID INJUR	Y OCCUR?	- • • • -	·
PLAINLY—USING	22. I hereby contify the	rat Lattended t		, 19 50, to Code 2, 1950, that I last saw the deceased m., from the causes and on the date stated above.			
	23a. SIGNATURE	Da	him, MD	23b. ADDRESS	usvillo /	۱	TE SIGNED
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Speedby) BUTIAL (/	Oct 5/	24c. NAME OF CEMETER 50 Ohio Ceme	tery	246. LOCATION (CILY, I Burlington,		(State)
	DATE REC'D BY LOCAL // > 53	REGISTRAR'S S	SIGNATURE 1801/229	25. FUNERAL DAS	HAMBUT]	JC t MO	
L			(Licensed Embalmer's	itatement on/Reverse Si	de)		



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this	s certificate was embalmed by	me, or by
working under my personal supervision.	,	7.4	
Sa. Jana	 Signed	1 than	

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.

Student Embalmer