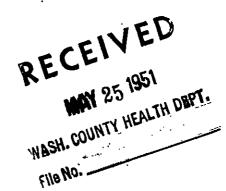
S. No.300	II FILED MAY	28 1951		HEALIH OF MISSON		19263	1
v. 10-48		0110	STANDARD CERT	IFICATE OF DEA	ATH 51	ste File No	
NO	BIRTH NO.	268	REG. DIST. NO 624	PRIMARY REG. DIST.	10.6248 R	gistrar's No.	
11.	1. PLACE OF DE.	ATH/	1 1	2. USUAL RESID		lived. If institution: residence	before
'	W0	shing	my co.	_		COUNTY admin	mion).
	b. CITY (II outside of TOWN	Church limity write	RURAL and give c. LENGTH STAY (in this pi	OF c. CITY (If outside cor OR TOWN	porate limits, write RURA	and give township)	
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or	institution, give street address or location	d. STREET ADDRESS	(If rural, give location)	£7	
	3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day) (Year	
PERMANENT		COLOR OR RACE	WIDOWED, DIVORCED (Bredt	8. DATE OF BIRTH	9. AGE (In last birthds		
X	10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR I	N- 11. BIRTHPLACE (State	1881 69	// 2/	
ER	done during most of work	ar ille, even if retired	DUST!	iY		12. CITIZEN OF W	HAT
<u>P</u> i	13a. FATHER'S NAME		13b. MOTHER'S MAID	FN NAME	SS OUF /	<u> </u>	
▼ .	Poto	~ F	ulo victori	- I	MINNE	0' 1 0 1	/
MAKE	15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURIT	Y 17. INFORMANT	S SIGNATURE OR	NAME ADDRES	籌
MA	(Yee, no, or unknown) (I	Yee, give war or date	of service) 498-10-3378		11 3641 4	lace He sa	
j	18. CAUSE OF DEATH		MEDICAL	CERTIFICATION	2	INTERVAL BETWE	<u>to</u> . Een
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR (DIRECTLY LEAD	CONDITION DING TO DEATH*(a)	Spoke	lexy	ONSET AND DEA	ГН
CK	*This does not mean	ANTECEDENT (= =		/		
BLA	the mode of dying, such as heart failure, asthenia.	Morbid condition	ns, if any, giving DUE TO (b) cause (a) stating				
I.	etc. It means the dis-	the underlying co	iuse iast.			Ĭ	
Ö	tast, injury, or complica- tion which caused death.	II. OTHER SIGN	DUE TO (c)				_
UNFADING			ibuting to the death but not ase or condition causing death.			6	
LEA .	19a. DATE OF OPERA-		DINGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·		20. AUTOPSY?	
. E	TION				334.	YES NO	4
ING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or abo home, farm, factory, street, office bldg., ex-	21c. (CITY, TOWN, OR 1	TOWNSHIP) (COUNTY) (STATE)	
—USING	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY	OCCUR?		_
PLAINLY-	22. I hereby certify t	hat I attended	T HORK L AT WORK L	12, 195/, to /	-14 , 19 <u>57</u>	that I last saw the decease	 sed
YV.	alive on	, 19	, and that death occurred a		e causes and on the	date stated above.	
ы	23a. SIGNATURE	ر ـــــ م	(Degree or title)	23b. ADDRESS	_	23c. DATE SIGNI	D
	AN BURLAN COEMA	1 24b. DATE	urman m. 1	1 rolosi,	mo.	/- /5-/	2.7
WRITE	74. BURIAL CREMA- TION REMOVAL (Specify)	TATAL /	24c. NAME OF CEMET		24d. LOCATION (City, to	own, or county) (State)	
≱	DATE REC'D BY LOCAL	REGISTERAR'S	1957 57 57 57 57 5 5 5 5 5 5 5 5 5 5 5 5	S FUNESAL DIRECT	///Chwoo	ds Mo-	-
	4-16-REG.	100	337	1/2	1/1	ADDRESS) .
 		-17	(Licensed Embalmer)	Statement on Reverse Side)	y xy isan,	4 9.



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.

Licensed Embalmer No. 387

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.