STANDARD CERTIFICATE OF DEATH  SISTE FILE NO.  STANDARD CERTIFICATION  PARTICLE OF CHAPT  COUNTY  STANDARD CERTIFICATION	1 Piers	·	THE DIVISION OF HE		1 7 7 7	
b. CURTY    COUNTY   Counted a companied liable with BUTAL and give wormship   C. LENSTH OF OR	FILED JUL 10	1957 S	TANDARD CERTIF	ICATE OF DEA	AVE	
B. COUNTY    COUNTY   County	B1879 NO	MEG.	. DIST. NO. 137	PRIMARY REG. DIST.	- 4218 Region	iar's No. 97
OF TOWN  OF FULL NAME OF (17-95) to bounded or insulations, etro strong detrons or logarity or logarit		enry	•		Charles (Author (Author) the	ia. II militytian: milai
ADDRESS   O S	OR 11	MASAR	township) STAY the this place	c. CITY (If estables one OR TOWN	indsor	give township)
5. SEX	d. FULL NAME OF (INSPITAL OR INSTITUTION	16)4 in bospital or institution	y Hospital	d. STREET ADDRESS		isman
5. SEX   6. COLD, OR RACE   7. MARRIED. REVER MARRIED.   1. MARRIED. REVER MARRIED.   1. MACE (166 state)   1.		LARRY	b. (Middle)  ALLEN	1/4	m i or o	
10a. USUAL OCCUPATION (Give hid of rork does during most operation the world without)  10b. KIND OF BUSINESS OR IN.  10c. MITTER  10c.	5, SEX 0 6, CC	<i>//</i>	DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (12 fear last birthing)	IF UNDER I YEAR OF UND
13b. NOTHER'S MAME    13b. NOTHER'S MAIDEN NAME   14b. MAME OF HUSBAND OR WIFE   15. WAS DECEASED EVER IN U. STRMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDITION     18. CAUSE OF DEATH   MEDICAL CERTIFICATION   MEDICAL CERTIFICATION   INTERVAL     18. CAUSE OF DEATH   DISEASE OR CONDITION   MEDICAL CERTIFICATION   ONSET AND     18. This does not mean the mode of dying, such an heart failure, authenia, rise to the above cause (a) stading the underlying cause last.     10. This does not mean the disease of conditions outsing death.   DUE TO (b)   COM U. L. S. 1004 S   12-3     16. ACCIDENT (SINGIFICANT CONDITION)   Pas Sci V C Congestion of Lungs   12-3     17. ALTO OPERA-TION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOP     19a. DATE OF OPERA-TION   21b. PLACE OF INJURY (e.g., in or above to MORICIDE   10     19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)   (STATURE OF TABLE	done during most of working	(Give kind of work life, even if retired)	KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	COUNTRY
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the discount of the many fair of the decrease of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of the underlying cause last.  "This does not mean the discount of t		11	13b. MOTHER'S MAIDEN	NAME	14: NAME OF HUSBAND	
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) with a does not mean the distance of dying, such as heart failure, arthenia, rise to the above cause (a) stating the underlying cause last.  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  21. OTHER SIGNIFICANT CONDITIONS:  10. DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS:  12. DUE TO (c)  13. DOTHER SIGNIFICANT CONDITIONS:  14. It means the distance or compileation which caused death.  15. DUE TO (c)  16. PURCHASHORY CONTROLLED TO THE STORY OF COUNTY OF COUN	William A	langer	Helen Ma	ytonifa/		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the man the man the man the man the discass of conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  DUE TO (c)  12 - 3  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  DUE TO (c)  Conditions contributing to the death out not related to the disease or condition counting death, possible. Cardiac failure.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Bosetty)  DUE TO (c)  PASSIVE Congestion of Lungs Cardiac failure.  22a. AUTOP  21b. PLACE OF INJURY (c.g., in or about Dues to Manual Constant of Congestions on the date stated above.  22c. I hereby certify that I attended the deceased from Lungs 2 11b. HOW DID INJURY OCCURRED WHILE AT WORK AT WORK  AT WORK AT WORK DEATH OF CAMPAINT OF COUNTY OF COUNT	(Yes, no, or unknown)   (If ye			17. INFORMANT	S SIGNATURE OR N	ME ADD
Enter only one course per line for (a), (b), and (c)  "This does not mean the first desented and in the mode of dring, such as heartfallure, asthenia, etc. It means the discrete consequences, injury, or complication which caused death.  (b) Line and conditions, if any, giving DUE TO (b) Com U ulsions - 12-3  ANTECEDENT CAUSES  DUE TO (b) Com U ulsions - 12-3  ANTECEDENT conditions contributing to the death but not related to the discase or condition causing death. 2055 1 ble. Cardiac failure.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20a. AUTOP  TEST CONDITION  21b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT  SUICIDE  HOMICIDE  21d. TIME  (Moonth)  (Day)  (Twis)  (Bour)  21e. INJURY OCCURRED  WHILE AT WORK AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AND CEMPATORY  (Degree or title)  22b. ADDRESS  22c. DATE  (Condition)  (County)  (County	18. CAUSE OF DEATH		MEDICAL (	ERTIFICATION	The same of the same	INTERVAL
the mode of dying, such as heart fallure, arthenia, the mode of dying, such as heart fallure, arthenia, the discussed form which caused death.  Morbid conditions, if any, giving DUE TO (b) and U u SIOVES [2]  In means the discussed field the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS: Pase I ve Congestion of Lungs [6]  Conditions contributing to the death but not related to the disease or conditions causing death. 2055   bl. Cardiec failure.  19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Board of the disease or condition causing death. 2055   bl. Cardiec failure.  21a. ACCIDENT (Board of the disease or condition causing death. 2055   bl. Cardiec failure.  21b. PLACE OF INJURY (e.g., in or about 5 such consistency, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STAN OF TIME (Moestle))  21d. TIME (Moestle) (Day) (Year) (Boar) (Board of the deceased bidg., etc.)  21d. TIME (Moestle) (Day) (Year) (Board of the deceased from While at Work (County) (County) (STAN OF TIME OF TIM	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITI DIRECTLY LEADING TO	ION DEATH*(a) TOXE M	ia - Due T	o in fectio	
as heart failure, arthenia de. It means the discase, injury, or complication which caused death.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS: PASCIVE Congestion of Lungs - Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS: PASCIVE Congestion of Lungs - Conditions contributing to the death but not related to the disease or condition causing death. COSSIVE Cardies failure.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Specify)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Yair) (Bour)  OF INJURY  21d. INJURY OCCURRED WHILE WORK AT WORK OF LARGE AT WORK OF L				1.5	_	
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II. OTHER SIGNIFICANT CONDITIONS: Passive Congestion of Lungs   G-9	etc. It means the dis-	the underlying cause last.		1.5.		
Conditions contributing to the death but not related to the disease or condition causing death. 2055	tion which caused death.	I. OTHER SIGNIFICANT	CONDITIONS: DOGG	ve Congesti	on of Lungs .	6-0
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OF INJURY  D. WHILE AT MORK AT WORK  2. I hereby certify that I attended the deceased from June 29, 1957, to June 29, 1951, that I last saw the dalive on June 29, 1951, and that death occurred at 3.15 Am., from the causes and on the date stated above.  23e. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  100, REMOVAL (Reputs)  100, CEMATORY  100, COUNTY  100, CEMATORY  100, COUNTY  100, CEMATORY  100, COUNTY  100, COUNTY  100, CEMATORY  100, COUNTY  100, CEMATORY  100, COUNTY  100, COUNTY  100, CEMATORY  100, COUNTY  100, CEMATORY  100, COUNTY  100, COUNTY  100, CITY, TOWN, OF COUNTY  100, CEMATORY  100, COUNTY  100,	21a. ACCIDENT (8 SUICIDE HOMICIDE			Zic. (CITY, TOWN, OR		UNTY) (STA
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	24a. BURIAL, CREMA- TION, REMOVAL (Speaky)	ł · _ · · · · · · · · · · · · · · · · ·				n, or county) . (
Jane 30:31 Florence Oldan Sustan Turner Windows Mr.			URE 11 2 2 A	5. FUNERAL DIREC	TOR'S SIGNATURE	
	REG	Flores	JOU day	Sustan-	Zurale /Alia	done mi

PECEIVED 7-9-57
District File Number
Date Filed 7-9-51

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

corking under my personal supervision.

Licensed Embalmer No. 4648

P. O. Address Number 10 MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

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.