

FILED AUG 28 1951

STANDARD CERTIFICATE OF DEATH

28615  
State File No. 6865  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |
| b. CITY (If outside corporate limits, write RURAL and give town) |  | c. CITY (If outside corporate limits, write RURAL and give township)                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                          |  | d. STREET ADDRESS   |  |

|  |             |           |  |       |        |
|--|-------------|-----------|--|-------|--------|
| 3. NAME OF DECEASED<br>(Type or Print)                 |             |           | 4. DATE OF DEATH   |       |        |
| a. (First)   | b. (Middle) | c. (Last) | (Month)  | (Day) | (Year) |
| 5. SEX   |             |           | 6. COLOR OR RACE   |       |        |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) |             |           | 8. DATE OF BIRTH   |       |        |
| 9. AGE (In years last birthday)                        |             |           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |       |        |
| 11. BIRTHPLACE (State or foreign country)              |             |           | 12. CITIZEN OF WHAT COUNTRY?   |       |        |

|   |  |                           |  |                                   |  |
|---|--|---------------------------|--|-----------------------------------|--|
| 13a. FATHER'S NAME  |  | 13b. MOTHER'S MAIDEN NAME |  | 14. NAME OF HUSBAND OR WIFE       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME |  |
| 18. CAUSE OF DEATH  |  | MEDICAL CERTIFICATION     |  | INTERVAL BETWEEN ONSET AND DEATH  |  |

|  |  |                       |  |                                  |  |
|--|--|-----------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH   |  | MEDICAL CERTIFICATION |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | Pneumonia (terminal)  |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES     |  |                                  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b)            |  | Arteriosclerosis cerebral        |  |
|  |  | DUE TO (c)            |  | " general                        |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | Diabetes Mellitus     |  |                                  |  |
| 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. AUTOPSY?                                    |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)              |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) |  | 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]                             |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from 1948 to 7-31, 1951, that I last saw the deceased alive on 7-30, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

|   |  |                                    |  |   |  |
|---|--|------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title)              |  | 23b. ADDRESS                       |  | 23c. DATE SIGNED                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)     |  | 24b. DATE                          |  | 24c. NAME OF CEMETERY OR CREMATORY            |  |
| 24d. LOCATION (City, town, or county) (State) |  | 24e. NAME OF CEMETERY OR CREMATORY |  | 24f. LOCATION (City, town, or county) (State) |  |

|                                |  |                       |  |                                  |  |
|--------------------------------|--|-----------------------|--|----------------------------------|--|
| DATE REC'D BY LOCAL REG.       |  | REGISTRAR'S SIGNATURE |  | 25. FUNERAL DIRECTOR'S SIGNATURE |  |
| 25. FUNERAL DIRECTOR'S ADDRESS |  |                       |  |                                  |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

of file

Dr. Wm. Olmstead,  
Beumont Bldg.

(8:30 to 1)

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.

Student Embalmer No.....

Signed..... *Warren A. Carver*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3534*

P. O. Address.....

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.