S. No. 300	LED MAY 119 1	QE:	STANDARD CERTI	FICATE OF DEATI	H State File No	20387			
IV. 10.48 '	BIRTH NO	· · ·	REG. DIST. NO. 3 2%	_ PRIMARY REG. DIST. NO	Say L Registrar's No.	/8 <u>%</u>			
212	1. PLACE OF DEA a. COUNTY Sal			2. USUAL RESIDEN	CE (Where deceased lived. If In b. COUNTY Saline	ndinimion).			
09;	*b. CITY (If outside co OR TOWN		township) STAY (in this place	F c. CITY (If outside corporat	te limits, write BURAL and give tow				
/ ago	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR OF THE ACT TO A			d. STREET (I	r Shall if rural, give location)	0			
RECORD	3. NAME OF DECEASED	B. (First)	b. (Middle)	c. (Lest)	Vest Boyd 4. DATE (Month)	(Day) (Year)			
Y.T.	(Type or Print)	Villiam		Aulgur	DEATH May	10 1953			
ANE		color or race iite	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Boodly)	8. DATE OF BIRTH Nov 28-1872	9. AGE (In years of those last birthday) Months 5				
PERMANENT	10a. USUAL OCCUPATION done during most of world Merchant-O	ug ilfe, even if retired)			nd State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?			
Ā	13a. FATHER'S NAME	Jeta veu	136. MOTHER'S MAIDE		I. NAME OF HUSBAND OR WIL	FE			
₹ 9	W.R. Aulgu			<u> </u>	Ethel Stephens				
MAKE	15. WAS DECEASED EVE (Yes, no. or unknown) (III			(····	SIGNATURE OR NAME Aulgur-Marsha	ADDRESS			
	18. CAUSE OF DEATH Enter only one on use per	I, DISEASE OR (CERTIFICATION	Celon	INTERVAL BETWEEN			
CK INK	line for (a), (b), and (c) *This does not mean	ANTECEDENT (CAUSES &	-					
BLAC	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid condition rise to the above the underlying co		,	*				
UNFADING	case, injury, or complica- tion which caused death.		DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not	,		-			
(Q.V.	19a. DATE OF OPERA-	related to the disc	ase or condition causing death. IDINGS OF OPERATION			20. AUTOPSY1			
UNE	TION			<i>i</i> .	153X	YES NO Z			
	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or above home, farm, factory, street, office bidg., es		WNSHIP) (COUNTY)	(STATE)			
-USING	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	211. HOW DID INJURY OC	CUR7				
NLY-	22. I hereby gertify that I attended the deceased from 260, 1850, to 1844 10, 1850, that I last saw the deceased								
PLAINLY	238. SIGNATURE	19.5	(Degree or title)		el Ma	23c. DATE SIGNED			
# <u>8</u>	240 BATRIAL CREMA	LULU - I 24b. DATE	1 24c. NAME OF CEMET	ERY OR CREMATORY 24d	LOCATION (Olty, town, or cool	inty) (State)			
WRITE	249. BURIAL, CREMA TION, REMOVAL (Reports)	15/13/	53 Rilas	Park)	Jarobell)	manni			
~	DATE REC'D BY LOCAL		SIGNATURE 385	25. FUNERAL DIRECTO	E'S SIGNATURE	DDRESS			
′	5-11-1953	1-12/2-de	(Licensed Embalmer)	Septement on Reverse Side)	way-Marsha	Lines.			
			- Iteretines						

I hereby certify that the body whose name is recorded on the reverse side of this ce	ertificate	was embain	ned by me, or by
······································	Student	t Embalmor	No.,
orking 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.