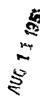
| n | | THE DIVISION OF HE | | | 2454 | 1 |
|---|--|---|--|---------------------------|---------------------------------|---------------------------|
| ED TILLA O AGOS | | STANDARD CERTIF | ICATE OF DEA | TH Sta | re File No | |
| LED AUG 31 | 1959 | REG. DIST. NO. 131 | PRIMARY REG. DIST. | 0. <u>5519</u> Rm | istror's No. 176 | |
| I. PLACE OF DEA | TH COLOR | · | 2. USUAL RESIDE | NCE (Where deceased b. CC | lived. If institution: resident | os before Industrian). |
| b. CITY (If outside so OR TOWN) | rporate limite, write R | URAL and give C. LENGTH OF | C. CITY (If offeride corps OR TOWN | rate limits, write RURAL | I. Och | |
| - El W | If not in bospital or is | dution, give street address (location) | d. STREET ADDRESS | (If rural, give (cation) | 1940 | XU |
| J. NAME OF DECEASED | a. (First) | b. (Middle) | C. (Last) | 4. DATE OF DEATH | (Month) (Day) (Y | (eu) |
| 5. SEX C 6. | COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 194445 | 8. DATE OF BIRTH | 9. AGE (In y | | 703 N H ESA. Mb. |
| 10a, USUAS OCCUPATIO | ON (Give kind of work | 10b. KIND OF BUSINESS OR IN- | 11. BIRTHENACE (City | and State or Foreign C | PERTY) 12. CITIZENO COUNTACT | F WHAT |
| ISAT TATHER'S HAME | | 13b. MOTHER'S MAIDEN | | 13 HAME OF HUMAN | VIFE VIFE | 4 - |
| UZWAS DECEASED EVE | R IN U.S. ARMED | FORCES? I IS SOCIAL SECURITY | IT. INFORMANT'S | SI GNATURE OR | Mae Kely NAME ADDR | ESS |
| Hea, no, or unknown) (1) | Thelluh | - 11 496-16-85-3 | LEPUTICATION | mu N | elme Utreel | Ms |
| 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CO | | my Och | vai- | ONSET AND | DEATH |
| *This does not mean the mode of dying, such | ANTECEDENT C | | | | | |
| as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- | rise to the above co the underlying car | s, if any, giving DUE TO (b) case (a) stating see last. DUE TO (c) | · · · · · · · · · · · · · · · · · · · | | | |
| tion which caused death. | | FICANT CONDITIONS nating to the death but not se or condition couring death. | ; | 420 | / | |
| 19a. DATE OF OPERATION | | DINGS OF OPERATION | | | 20. AUTOPS | 77 . 100 € 1 |
| 21a. ACCIDENT SUICIDE HOMICIDE | (Bpecky) | 21b. PLACE OF INJURY (e.g., in or about bems, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR T | OWNSHIP) | COUNTY) (STATI | |
| 21d. TIME (Month) | (Day) (Year) | (Hour) 216. INJURY OCCURRED WHILEAT NOT WHILE | 211. HOW DID INJURY | OCCUR? | | |
| | that I attended (| he deceased from | , 19_ , 10 | | that I last saw the de | ceased: |
| | <u>nil, 195</u> | 3, and that death occurred at | Ziaa A m., from the | e causes and on the | date stated above. 23c. DATE S | IGNED |
| 23s. SIGNATURÉ | - (1)/ | Degree of their | 17250. ADDRESS | - m | 2.38- | |
| 24a. BURIAL - CREMI BON, REBOVAL OF MA | - 24b. DATE | 24c. NAME OF CEMETER | RY OR CREMATORY 2 | Ad. LOCATION (CIP) | | itate) |
| Burel | 1-29- | 53 Thuch C | melley | anca. | | 2 |
| | | ************************************** | | OR S SISMAIURE | ADD#£33 | |
| DATE REC'D BY LOCA | REGISTRAR'S | ence adair | Sie/Im 9N Sustement on Reverse Side | -Dure Maria | g Onton? | Hs. |



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 |
|---|---------------------------------------|
| | Student Embalmer No |
| | _ |

working under my personal supervision.

Licensed Embalmer No.

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.