10a. USUAL OCCUPATION (Giwekind of work dynaming most of working life, even if retired) 12b. FATHER'S WAS DECEASED EVER IN U. S. AMED FORCES? 16. SOCIAL SECURITY NO. 18 WAS DECEASED EVER IN U. S. AMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the made of dyng, such as heart failure, asthenia, etc. It means the discase of conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES MODINER: GROWING II. BINTHPLACE (City and State or Foreign Country) 19. NAME OF HUSBAND OR W MEDICAL CERTIFICATION MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) This does not mean the made of dyng, such as heart failure, asthenia, etc. It means the discase or conditions of the death but not related to the disease or condition causing death. DUE TO (c) 11. BINTHPLACE (City and State or Foreign Country) 12. INFORMANT'S SIGNATURE OR NAME. 14. NAME OF HUSBAND OR W CALLED TO HUSBAND OR W MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) This does not mean the discase or condition or country or compiled the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	matitution: residence before admission? waship? Day (Year) (Day) (Year) TRIYER FUNDER H. HES.
I. PLACE OF DEATH a. COUNTY b. CITY (II outside corporate limits, write RURAL and give to township) CITY (II outside corporate limits, write RURAL and give to township) STAY (In this place) CITY (II outside corporate limits, write RURAL and give to township) STAY (In this place) CITY (II outside corporate limits, write RURAL and give to township) STAY (In this place) CITY (II outside corporate limits, write RURAL and give to township) CITY (II outside corporate limits, write RURAL and give to OR TOWN CITY (II outside corporate limits, write RURAL and give to OR TOWN CITY (II outside corporate limits, write RURAL and give to OR TOWN CITY (II outside corporate limits, write RURAL and give to OR TOWN CITY (II outside corporate limits, write RURAL and give to OR TOWN CITY (II outside corporate limits, write RURAL and give to OR TOWN CITY (II outside corporate limits, write RURAL and give to County) INSTITUTION CITY (II outside corporate limits, write RURAL and give to County) INSTITUTION CITY (II outside corporate limits, write RURAL and give to County) INSTITUTION CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) COUNTY CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corporate limits, write RURAL and give to County) CITY (II outside corpo	Partitution: residence before admission: Partitution: residence admission: Pa
I. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) CORTOWN COUNTY d. FULL NAME OF (If not in benefital or institution, give street address or location) HOSPITAL OR (INSTITUTION) 3. NAME OF (If not in benefital or institution, give street address or location) HOSPITAL OR (INSTITUTION) 3. NAME OF (If not in benefital or institution, give street address or location) HOSPITAL OR (INSTITUTION) 3. NAME OF (If not in benefital or institution, give street address or location) HOSPITAL OR (INSTITUTION) 3. NAME OF (If not in benefital or institution, give street address or location) HOSPITAL OR (INSTITUTION) 3. NAME OF (If not in benefital or institution, give street address or location) HOSPITAL OR (INSTITUTION) 3. NAME OF (II) HOSPITAL OR (II) HOSPITAL OR (III) HOS	adiniesion). Weahly: Day Home (Day) (Year) TR 1 YEAR OF UNDER H HES. Days Hours Min.
D. CITY (If outside corporate limits, write RURAL and sive township) OR TOWN OR TO	(Day) (Year) (The property of the property of
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR HOSPITAL HOSPI	TR 1 YEAR OF UNDER 11 HES. Days Hours Min.
HOSPITAL OR INSTITUTION C/ NT N C N N A S N M M C N N A C S N M M M C S N M M M M M M M M M M M M M M M M M M	TR 1 YEAR OF UNDER 11 HIS. Days Hours Min.
DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED. DIVORCED (Bosele) 103. USUAL OCCUPATION (Give kind of work departuring must of worthing life. even if retired) 136. PATHER'S MAJE 136. PATHER'S MAJE 137. WAS DECEASED EVER IN U. S. MMED FORCES? To. SOCIAL SECURITY NO. 138. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the made of dying, such as heart failure, exthenia, etc. It means the discase in furty, or complication which caused death. 139. WAS DECEASED EVER IN U. S. MMED FORCES? To. SOCIAL SECURITY NO. 140. MOTHER'S MAIDEN NAME 151. INFORMANT'S SIGNATURE OR NAME. 152. SOCIAL SECURITY NO. 153. PATHER'S MAJE 154. NAME OF HUSBAND OR W. SOCIAL SECURITY NO. 155. SOCIAL SECURITY NO. 165. SOCIAL SECURITY NO. 166. SOCIAL SECURITY NO. 177. INFORMANT'S SIGNATURE OR NAME. 178. WAS DECEASED EVER IN U. S. MMED FORCES? To. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? To. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? To. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 170. IN FORMANT'S SIGNATURE OR NAME. 171. INFORMANT'S SIGNATURE OR NAME. 171. INFORMANT'S SIGNATURE OR NAME. 172. INFORMANT'S SIGNATURE OR NAME. 173. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179. WAS DECEASED EVER IN U. S. MMED FORCES? TO. SOCIAL SECURITY NO. 179.	TR 1 YEAR OF UNDER 11 HES. Days Hours Min.
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, et 8. DATE OF BIRTH WIDOWED DIVORCED (Speadity) 10a. USUAL OCCUPATION (Give kind of work dependency) 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY 10c. FATHER'S MALE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIDOWED (If yes, give wir or dates of service) 15c. FATHER'S MALE 18. CAUSE OF DEATH Enter only one cause of permitted of the dates of service) 19 This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19 There is a such as the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 10 There significant contributing to the death but not related to the disease or condition cousing death.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work department of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. FATHER'S MALE 13b. WOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WORK OF MAIDEN NAME 15c. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia she eart failure, asthenia she care, injury, or complication which caused death. 10c. CURRENT OF BUSINESS OR INDUSTRY 11d. BRTHPLACE (City and State or Foreign Country) 11d. NAME OF HUSBAND OR WORK OF HUS	12. CITIZEN OF WHAT
136. FATHER'S MAJE 136. FATHER'S MAJE 137. WAS DECEASED EVER IN U.S. RAMED FORCES? 138. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the made of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 139. WOTHER'S MAJDEN NAME 130. WOTHER'S MAJDEN NAME 141. NAME OF HUSBAND OR WE WISBAND OR	12. CITIZEN OF WHAT COUNTRY?
13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR W 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the discase, injury, or complication which caused death. 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR W CALLIE TO NAME. 15. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME. MEDICAL CERTIFICATION L. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Anterior - related to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. DUE TO (c) 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO (b) Line in the discase or conditions, if any, giving DUE TO (b) itse to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	FE
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the discase, injury, or complication which caused death. DUE TO (c) 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO (b) Linears the discase or conditions, if any, giving DUE TO (b) itse to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ADDRESS
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) AUCTION DIRECTLY LEADING TO DEATH*(a) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Tow. Wes
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH
the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) fise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>u 6 mo</u>
as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. The to the above cause (a) staining the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	unbearing
ease, in furty, or complica- tion which caused death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
Conditions contributing to the death but not related to the disease or condition causing death.	_
	2 years.
19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4001	YES NO LA
21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (s.g., in or about bome, farm, factory, street, office bldg., etc.) (COUNTY)	
Z1d. TIME (Month) (Day) (Year) (Hour) Z1e. INJURY OCCURRED 2H. HOW DID INJURY OCCUR? OF INJURY MHILEAT NOT WHILE WORK AT WORK	÷
22 I hereby certify that I attended the deceased from Sut 9, 1952, to Sut 30, 1953, that I	
alive on 3.7.28, 1953, and that death occurred at 4.m., from the causes and on the date sta	
23a. SIGNATURE (Degree or title) 23b. ADDRESS Chilty, We.	ted above.
248, BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or or	
Busel 10-2-1953 anglewood Clos Cholon	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	23c. DATE SIGNED LO (1 (5-3) Winty) (State)
(Licensed Embalmer's Statement on Reverse Side)	23c. DATE SIGNED

STATEMENT BY LICENSED EMBALMER

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

corking under my personal supervision.	•
Student	Signed Tobert & Dunning
Student Embalmer	Licensed Embalmer No. 45/6

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.