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Type or Print    S. SEX	COR	HOSPITAL OR	Vet 3 e/	ction, give street address or floation)	a. STREET ADDRESS	(If rural, give location)	0	
8. SEX   6. COLOR OR RACE   7. MARRIED RIVER MARRIED   8. DATE OF BIRTH   9. AGE (In reason a most broken) Mountain Dear   100 miles   100	RE	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	9 OF		
13. FAREST NAME  15. WAS DECEASES/EVER IN U. S. ARMED FORCES? (You, no. or pulsodar)  16. CAUSE OF DEATH  17. INFORMANT'S SIGNATURE OR NAME  17. INFORMANT'S SIGNATURE OR NAME  ADDRESS  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	I N		JOHN SPRACE 17	MARRIED NEVER MARRIED	OF THE			
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Cear Death   Cear of the mode of string, such as the string of the str	▼ .	200	Ostone	1 Mary	Hannel	Minne	Ortner	
IB. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart failure, estherisk as heart failure, estheri	AKE	15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CEST 16. SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR	110	
Enter any ane occuse per line for (a), (b), and (c)  This does not mean the mode of syring, such as heart failure, estherial, etc. It means the discoss, injury, or compileration which caused death.  DUE TO (c)  DUE TO (c)  DUE TO (c)  CAREFILL LEADING TO DEATH*(a)  DUE TO (b)  Fraction of the mode of syring, such as heart failure, estherial, etc. It means the discoss, injury, or compileration which caused death.  DUE TO (c)  DUE TO (c)  CAREFILL LEADING TO DEATH*(a)  DUE TO (b)  Fraction of the mode of syring, such as heart failure, estherial, etc. It means the discoss course lost.  DUE TO (c)  DUE TO (c)  CAREFILL LEADING TO DEATH*(a)  DUE TO (b)  Fraction of the mode of syring, such as heart failure, estherial, etc. It means the discoss or conditions contributing to the death but not related to the discoss or condition counting death.  DUE TO (c)  Particular of the mode of syring, such as heart failure and the underlying course death.  DUE TO (c)  Particular of the mode of syring, such as heart failure, estherial and the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  Particular of the underlying course death.  DUE TO (c)  Particular of the underlying course death.  Particular of the underly death of the death but not proved the underly death.  Particula	7			MEDICAL	CERTIFICATION	Onne	IMPERVAL BETWEEN	
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The state of the above cross (a) daring the act of the above cross (a) daring the underlying cause leaf.  DUE TO (c)  DUE TO (c)  DUE TO (c)  Conclinations compiled the underlying cause leaf.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the diseases or condition contributing death.  19a. DATE OF OPERA-  TION  19b. MAJOR FINDINGS OF OPERATION  TION  20 AUTOPSY!  THE Conditions contributing to the death but not related to the diseases or condition contributing death.  21c. CCITY, TOWN, OR TOWNSHIP)  (COUNTY) (2 9 STATE)  SUICIDE  10 TIME (Messal) (Day) (Year) (19ear) (19ear) (19ear) (21e. INJURY OCCURRED (19ear) (19ear	1		ANTECEDENT CAUS	es T	4 01		18.0	
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21a. ACCIDENT L. (Breetly)  21b. PLACE OF INJURY (a.g., in or about SUICIDE  21d. TIME (Month) (Day) (Yoar) (Hour)  21d. INJURY GLO 28 1953 A.m. WHILE AT WORK AT WORK D. 1953, to 9-15, that I last saw the decease alive on 9-15, and that death occupred at 12 D. Am., from the causes and on the date stated above.  22a. SIGNATURE  21a. BURIAL. CREMA-  21b. PLACE OF INJURY (a.g., in or about bus, one)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (C. 2) (STATE)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (C. 2) (STATE)  21d. TIME (Month) (Day) (Yoar) (Hour) (County) (C. 2) (STATE)  21d. TIME (Month) (Day) (Yoar) (Hour) (County) (	Ž.				meioux a	nemie "	shouly love	
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22. I hereby certify that I attended the deceased from and 29, 1953, to 9-15, 1952, that I last saw the deceased alive on 9-15, 1953, and that death occupred at 1954m., from the causes and on the date stated above.  23a. STGNATURE  (December of title)  23b. ADDRESS  24a. EURIAL. CREMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Oity, town, or county)  (Blate)  24d. LOCATION (Oity, town, or county)  (Blate)		21a. ACCIDENT				TOWNSHIP)	COUNTY) (4 2 STATE)	
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	<b>T</b>	DATE REC'D BY LOCAL	7-/17				<u></u>	
Sent-18.53 Florence adams Sickman Dunning Clinton M		Sent-18-5	Florer	ralldain	Sickman	1-DUNNIN	a Clinton Mo	
(Licensed Embalmer's Statement on Reverse Side)				(Licensed Embalmer's	Statement on Reverse Side	•)		

CEGI 6 T NOW

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of the	is certificate was embalmed by me, or by
	., Student Embalmer No
orking under my personal supervision.	

Student Embalmer

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.