		ION OF HEALTH OF M		34953
FILED NOV 10 195	3 STANDAR	D CERTIFICATE OF	DEATH State !	File No. 194300
BIRTH NO	REG. DIST. NO.	13 PRIMARY REG.	DIST. NO. 4026 Regist	rar's No. 77
I. PLACE OF DEATH		2. USUAL I	RESIDENCE (Where deceased live b. COU!	
b. CITY (If outside corporate II OR TOWN	min, write RURAL and give township)	LENGTH OF C. CITY (If of TAY (b) this place)  OR  TOWN (	outside porporate limits, write RURAL and	d give township)
d. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	Septe or institution, give street and		. (If rust), give location)	0030
NAME OF .a. (Find DECEASED (Type or Print)		lidde c (La	ÖF	(Month) (Day) (Year) 0.1. 29-1953
	OR RACE 7. MARRIED, NEVE WIDOWED, DIVO	R MARRIED P. B. DATE OF B	GAAAA P	~ · · · · · · · · · · · · · · · · · · ·
On. USUAL OCCUPATION (Citive doop during most of working life, ev	kind of work 10b. KIND OF BUS		CE (City and State or Foreign County	. O WONIKII
CATINE TO SHAME	. ועל ו	HER'S MAIDEN NAME	14. NAME OF HUSBAND	OR WIFE
5. WAS DECEASED EVER IN U. Yee, no. or unknown) (If yee, give	SARMED FORCES? 16. SOCI	AL SECURITY 17 INFORM	MANT'S SIGNATURE OR NA	ANE ADDRESS
18. CAUSE OF DEATH Enter only one cause per   1. DISI	EASE OR CONDITION CTLY LEADING TO DEATH*(a)	MEDICAL CERTIFICAT	on guson,	INTERVAL BETWEEN ONGET AND DEATH
*This does not mean the mode of dying, such Aforb	CEDENT CAUSES  id conditions, if any, giving DUE the above cause (a) stating addriging cause last.	TO (b) Legdione	phose the	frat >
Condi	DUE HER SIGNIFICANT CONDITIONS itions contributing to the death but d to the disease or condition causing	not //b	leas derinera	Lion
	MAJOR FINDINGS OF OPERATIO		610	20. AUTOPSY1
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b, PLACE OF INJUR home, farm, factory, stre	Y (e.g., in or about st. office bidg., ste.)	OWN, OR TOWNSHIP) (CO	UNTY) (STATE)
21d. TIME (Mests) (Day) OF INJURY	(Year) (Hour) 21e. INJUR WHILEAT WORK	RY OCCURRED 21f. HOW DID NOT WHILE	INJURY OCCUR?	
	attended the deceased from	10/24 , 1953,	to 10/29, 1917, if	hat I last saw the deceased ate stated above.
23. SIGNATURE		Begree or title)   23b. DORESS		23c. PATE/SIGNED
249 OUR TAL CREMA- 24b.	DATE 240. NAM	AE OF CEMETERY OR CREMATO	DRY 124d. LOCATION (Olly, town	en, or county) (State)
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE 1	PA TO 25 FUNERAL	DIMECTOR'S SIGNATURE	ADDRESS
11-7-62 "" PK	77 - N + 1 - 1 / 2 / 2	1	T- Warmunator	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	led on the reverse side of this ce	rtihcate w	as embalmed b	y me, or by	
		Student	Embalmer No.	·····	
orking under my personal supervision.		΄ Λ		• -	

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.