BIETH NO.  REG. DIST. NO. 131 PRIMARY OF DEATH  A. COUNTY  D. CITY (II southly properties limits, with RURAL and give to correlate) STAY is the place TOWN  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the correlation of the place) TOWN  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the COUNTY)  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the COUNTY)  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the COUNTY)  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the COUNTY)  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the COUNTY)  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the place) TOWN  G. FULL HAME St. (If so is to headand or frestitution, girl press addressed to insulate the place) TOWN  G. FULL HAME St. (If so is headand or frestitution, girl press addressed to insulate the place) TOWN  G. FULL HAME St. (If so is to head to the county of the place) TOWN  G. FULL HAME St. (If so is to head to the county of the place) TOWN  G. FULL HAME St. (If so is to head to the county of the place) TOWN  G. FULL HAME St. (If so is to head to the county of the place) TOWN  G. FULL HAME St. (If so is to head to the county of the place) TOWN  G. FULL HAME St. (If so is to head to the county of the place) Town or gradual press and the county of the place of the pla			HE DIVISION OF HE			38861
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D. COUNTY  D. CITY (If entiting corporate listist, write BUBAL and give twenship)  TOWN  C. FULL HANKE OF (if on its bounded or traditation, spirit county)  O. FULL HANKE OF (if on its bounded or traditation, spirit county)  INSTITUTION OF 1 The PAN  O. MINISTITUTION OF 1 The PA			DIST. NO. 137	PRIMARY REG. DIST. NO.	3023 Registrar's No.	280
D. OR I windly strongers laints, with NUML and service of the control of the cont	a. COUNTY 🟒	Leny				etitution: residence before admission).
(Type or Print)  5. SEX	D. CITY (If outside so OR TOWN	murate limite, write RURAL an	d give c. LENGTH OF STAY (In this place)	OR 🕢	ton Woo	nahir 7
(Type or Print)  5. SEX G. COLOR OR RACE 7. MARRIED, REVER MARRIED, 9. DATE OF BIRTH  5. SEX G. S. COLOR OR RACE 7. MARRIED, REVER MARRIED, 9. DATE OF BIRTH  9. AGE (Lis ref.) ** Does 1 Mar. #* Does 1 Millow 1 Months   Does 1 Millow 1 Mi	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	of not in bospital or institution,	<i>19</i> 2.21	i ADDRESS	. I la.	~ 0
8. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRI	DEGENOED	1/25 0		- <i>57</i> .0	OF.	(Day) (Year) 29/913
13. MOTHER'S MADER NAME   13. MOTHER'S MADERN NAME   14. NAME OF NUBBRID OR WITE   15. NAME   15. WAS DICKASED EVER IS U.S. ARMED FORCEST   16. SOCIAL SECURITY   17. MIFORMANT'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. DISEASE OR CONDITION   18. CAUSE OF DEATH   18. DISEASE OR CONDITION   18. DIRECTLY LEADING TO DEATH's (a)   28. MEDICAL CERTIFICATION   18. DIRECTLY LEADING TO DEATH's (a)   28. MEDICAL CERTIFICATION   18. DIRECTLY LEADING TO DEATH's (a)   28. MEDICAL CERTIFICATION   18. DIRECTLY LEADING TO DEATH's (a)   28. MEDICAL CERTIFICATION   18. DIRECTLY LEADING TO DEATH's (a)   28. MITCHER'S MADERNARY OF COMPILE OF THE WORK of which consider the second death of the second	5. SEX C) 6.				9. AGE (In year) IF UNDER	E I YEAR OF UNDER 21 HZS.
13. MOTHER'S MANE   13. MOTHER'S MAIDEN NAME   14. NAME OF NUSSAGIO AN ITE	10a, USUAL OCCUPATIO	N (Give kind of work 10b, K	IND OF BUSINESS OR IN-	Mor 2 an	d State or Foreign Country) O	12. CITIZEN OF WHAT COUNTRY!
18. CAUSE OF DEATH   Enter only one courspier   Interest of the control one courspier   Interest of (a), (b), and (c)	da. FATHER'S MAME	ru Brown	13b. MOTHER'S MAIDEN	Bay 14	NAME OF HUSBAND OF WILL	Brown
MEDICAL CRATIFICATION  INTEGRAL OR DEATH Enter only one counsper Enter only one counsper Integral one of (a), (b), and (c)  This does not mean the mode of dying, such the mode of dying the underlying counter dying the underlying the underlying counter dying the underlying the	15. WAS DECEASED EVE (Yes. no. or unknown) (II	R IN U.S. ARMED FORCES: yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT'S	COUNTINE OR NAME	ADDRESS
That does not maken the discovery of the above cause (a) stating the mode of sping, such as heart fellure, extends, rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  The above cause (a) stating to the decit but not related to the disease or conditions contributing to the decit but not related to the disease or conditions counting death.  DUE TO (c)  DUE TO (c)  DUE TO (c)  The above cause (a) stating to the decit but not related to the disease or conditions counting death.  DUE TO (c)  DUE TO (c)  DUE TO (c)  The above cause (a) stating to the decit but not related to the disease or conditions counting death.  DUE TO (c)  DUE TO (c)  The above cause (a) stating to the decit but not related the due of the underlying cause last.  DUE TO (c)  DUE TO (c)  To THER SIGNIFICANT CONDITIONS  Conditions contributing to the decit but not related to the disease or conditions counting death.  The above cause (a) stating to the decit but not related to the disease or conditions counting death.  The underlying cause last.  Due TO (c)  The above cause (a) stating to the decit but not related to the disease or conditions counting death.  The underlying cause last.  Due TO (c)  The above cause (a) stating to the decit but not related to the disease or conditions counting to the decit but not related to the disease or conditions counting to the decit but not related to the disease or conditions counting to the decit but not related to the disease or conditions counting to the decit but not related to the disease or conditions counting death.  The above cause (a) stating to the decit but not related to the disease or conditions counting death.  The above cause (a) stating to the decit but not related to the disease or conditions counting death.  The above cause (a) stating to the decit but not related to the disease or conditions counting death.  The above cause (a) stating to the decit but not related.  The mode of the underlying death.  The above cause (a) stating cau	18. CAUSE OF DEATH	I. DISEASE OR CONDITION DIRECTLY LEADING TO D	in C	Extification	-dilis	INTERNAL BETWEEN ONSET AND DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death.  19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about but not shown.  19c. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Elour) 19c. INJURY OCCURRED 19c. INJURY OCCURRED 19c. INJURY OCCURRED 19c. Injury OCCUR?  21d. TIME (Month) (Day) (Year) (Elour) 19c. INJURY OCCURRED 19c. Injury OCCUR?  21d. Time (Month) (Day) (Year) (Elour) 21d. Interest certify that I attended the deceased from 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*This does not mean the mode of dying, such as heart fallure, asthenta, etc. It means the dis-		giving DUE TO (b) Residence	felong inf	Lection	2 mps
21a. ACCIDENT (Breefly)   21b. PLACE OF INJURY (s.g., in or about 5 UICIDE   10 PLACE	case, injury, or complica- tion which caused death.		CONDITIONS	Fig., company	· · · · · · · · · · · · · · · · · · ·	
21a. ACCIDENT (Bpecity) 21b. PLACE OF INJURY (se., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?  21d. Time (Month) (Day) (Year) (Hour) AT WORK 21f. HOW DID INJURY OCCUR?  22f. Location (Club, Location of County) (State) (Day) (D	19a. DATE OF OPERA-			at <sup>®</sup> aw		'l
24a. BURIAL! CRÉMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION REMOVAL (Specify) DATE RECO BY LOCAL REGISTBAR'S SIGNATURE  OLIC 1-53 Towns Quart 25. Towns Director 25. T	11			21c. (CITY, TOWN, OR TOW	(COUNTY)	(STATE)
24a. BURIAL! CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE   14 5 25. TEMPERAL DIRECTOR'S SIGNATURE   ADDRESS  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE   14 5 25. TEMPERAL DIRECTOR'S SIGNATURE   ADDRESS  DEC -1 - 53 Towns Quant   25 TEMPERAL DIRECTOR'S SIGNATURE   ADDRESS   25 TEMPERAL DIRECTOR'S SIGNATURE   ADDRESS   25 TEMPERAL DIRECTOR'S SIGNATURE   ADDRESS   25 TEMPERAL DIRECTOR'S SIGNATURE   25 TEMPERAL DIRECTOR	21d. TIME (Month) OF INJURY		WHILEAT ( ) NOT WHILE (	211. HOW DID INJURY OCC	CURT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Dec-1-53 Furence adam LE ansolus Conton	1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mikes			n mo	23c. DATE SIGNED  /-30-53
Dec-1-53 Florence adam 18 Consolus Conton	24a. BURIAL, CREMA TION, REMOVAL reports	24b. DATE	PANE OF CEMETER	, 0	40 10-0	nty) (State)
	DATE REC'S BY LOCAL	41 71 17	7.1 11 12	25. FORERAL DIRECTOR	"S SIGHAYORE A	Contrar
	<u> </u>			itatement on Reverse Side)		mo

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side	of this	certificate v	was embaln	ned by me, o	r by
_	,	Student	Embalmer	Mo	······································
orking under my personal supervision.	•	_	0		

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.