0.300	FILED SEP	8 1954	STANDARD CERTII	FICATE OF DEA	ATH	State File No.	5167
- 11	RTH NO		REG. DIST. NO	PRIMARY REG. DIST.		Registrar's No	151
	PLACE OF DEA	TH and	rain	a. STATE	DENCE (Where deco	b. COUNTY	tion: residence before admission).
	b. CITY (II outside co OR TOWN	orporate limits, write RUI	(RAL and give township) STAY (in this place		wio .	d. Is Resident a city or if Yes	ce within limits of occeporated town?
(d. FULL NAME OF A HOSPITAL OR INSTITUTION	(If put in hospital or inst	Justin File gireot address or loogliga)	STREET ADDRESS 2	(if rural, give logation		4043
	NAME OF DECEASED (Type or Print)	a. (First)	b. (Mardle) MAE	F3ELL	4. DATE OF DEATI-	NOLY -	(Day) (Year)
		COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (BILLING)	1 8. DATE OF BIRTH	9. AGE	(In year Wonths Da	
	. USUAL OCCUPATIO		10b. KIND OF BUSINESS OR IN-		tity and Syste or Forei	ign Country) 12.	CITIZEN OF WHAT
13a	FATHER'S NAME	Smith	136. MOTHER'S MAIDEN	1 NAME		13e	<u> </u>
		ER IN U.S. ARMED FO		17 INFORMANT'	5 SI GNATURE	OR NAME -	ADDRESS
Ent	CAUSE OF DEATH ter only one cause per for (a), (b), and (c)	I. DISEASE OR CON DIRECTLY LEADING	21	CERTIFICATION _	calion.	Vnallen	INTERVAL BETWEEN ONSET AND DEATH
•7	This does not mean mode of dying, such	ANTECEDENT CAU	4	a hour	vician.	Thea	leceased
as h	teart failure, asthenia, It means the dis- injury, or complica-	rise to the above cause the underlying cause	rac (n) scotting	as Sound	/ deal	inhe	· home
	which caused death.	II. OTHER SIGNIFIC Conditions contribut related to the disease	CANT CONDITIONS ting to the death but tot to condition causing death	wholence	Swot	inday.	Soulplay
19a.	DATE OF OPERA-		NGS OF OPERATION	1.5	79		O. AUTOPSY?
218.	ACCIDENT SUICIDE HOMICIDE	Y / /2/01	one, farm, index, street, office bldg., etc.)	21c. (CITY, TOWN, OR		udiam	The
	. TIME (Month) OF INJURY	(Day) (Year) (Ho	our) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	211. HOW DED INJURY	OCCURT		
7/	22. I hereby certify have attended the deceased from Consump Code Math will bot Mast saw the deceased Latingham Land 195K and that death occurred at Land m., from the causes and on the date stated above.						
23a.	SIGNATOR	Odan	2011 hl (500		Ecs. M.		DATE SIGNED
绝	BURIAL, CREMA		'54 Consu	RY OR CREMATORY	24d. LOCATION (CI	D County)	1 . 1.
PAT	TE REC'D BY LOCAL REG	REGISTRAR'S SIG	Le neelijo	25. TUNERAL DIREC	Soule	N Colum	Ira Ma
- v	, 		(Licensed Embelmer's	Statement on Reverse Sid	le)	7	

he deceased was found dead Raymon STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal Student Embalmer No...... by me, or by...

working under my personal supervision..

Student.....Signature of Student Embalmer

Licensed Embalmer No. 2902 P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.