STANDARD CERTIFICATE OF DEATH State File No	41
1. PLACE OF DEATH a. COUNTY b. CITY (if outside corporate limits, write RURAL and give township) b. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outside corporate limits, write RURAL and give township) c. CITY (if outsi	dz' 1050
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) b. CITY (If outside corporate limits, write RURAL and give township) C. CITY (If outside corporate limits, write RURAL and give township) TOWN d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (INSTITUTION) 3. NAME OF a. (First) b. (Middle) c. (LENGTH OF OR TOWN d. STREET (If rural, give location) ADDRESS 3. NAME OF DECEASED (First) b. (Middle) c. (Last) d. DATE (Month) OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, (Specity) WIDOWED, DIVORCED (Specity) 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR IN- DUSTRY 11. BIRTHPLACE (City and State or Foreign Causalty) 12. DUSTRY DUSTRY	(Day) (Year)
OR TOWN d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR HOSPITAL OR SINSTITUTION OF SINSTITU	(Day) (Year)
3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specity) 4. DATE (Month) OF DEATH 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR IN- done during most of working life, even if reting a country) 12. DUSTRY 12. DUSTRY 12. DUSTRY 13. DUSTRY 14. DATE (All of the post of working life, even if reting Cauntry) 12. DUSTRY 13. DISTRIPLACE (City and State or Foreign Cauntry) 12. DUSTRY 13. DUSTRY 14. DATE (All of the post of working life, even if reting Cauntry) 14. DATE (Month) OF DEATH 15. DATE (MONTH) OF DEAT	2 10 50
3. NAME OF DECEASED (17 pe or Print) b. (Middle) c. (Last) 4. DATE (Month) OF DECEASED (17 pe or Print) C. (Last) 5. SEX	2 1000
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR IN- done during most of working life, even of retired to the control of th	
10a. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (City and State or Foreign Cauntry) 12b. Company of the c	TEAR S DRIDER IS HES.
	2. CITIZEN OF WHAT
Ja. FATHER'S NAME STEYTING SOLOWING COLLING CO. BarTin	ıus
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME (You mayor unknown) (If you, give war or dates of service)	ADDRESS
Enter only one cause per I. DISEASE OR CONDITION / Ca 1 Liming C 2011 Miles (c) (b) and (c) DIRECTLY LEADING TO DEATH*(a)	INTERVAL BETWEEN ONSET AND DEATH
*This does not many ANTECEDENT CAUSES 2 High high Livery Couling delite	4 more
as heart failure, asthenia, etc. It means the dis- the underlying cause last. DUE TO (c)	
Case, injury, or complica- tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7. Dely dea I wall rubbel.	
	20. AUTOPSY?
18. ACCIDENT (Bpecity) SUICIDE HOMICIDE 21b. PLACE OF INJURY (a.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. CPTY, TOWN, OR TOWNSHIP) (COUNTY)	STATE)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF WHILE AT NOT WHILE THOUSE AT WORK AT WORK	
2. I hereby certify that I attended the deceased from Asil, 1854, to 52, 72, 1954, that I last to alive on 1/2/4/19, and that death occurred at 2, m., from the causes and on the date stated of	
	23c. DATE SIGNED
246. BURIAL, CREMA- 246. DATE 240. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county TION, REMOVAL (Specify) 9-4-54 Oak 4000 (Cem VII AV -	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 320 7 25: FUNERAL DI RECTOR'S, SI GNATURE ADD	lair mo
(Licensed Embalmer's Statement on Reverse Side)	

STATEME	INT BY LICENSED EMBALMER	
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by		

orking under my personal supervision.		
*dan#	Signed Duralet Schace	

Licensed Embalmer No. 2 k 6 7

P. O. Address 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.