FILED MAR 9 1955 STANDARY CERTIFICATE OF DEATH  BIRTH NO.  REG. DIST. NO. 19 PRIMARY REG. DIST. NO. 577 Registrary No. 5  PRIMARY REG. DIST. NO. 19 PRIMARY REG. DIST. NO. 577 Registrary No. 5  D. GITY (II suppose normous labble, rith RITAL and days. 12 LINGTH OF TOWN MALL COLLEGE and the standard of the control of the c			THE DIVISION OF H	EALTH OF MISSO	NURI		
I. PLACE OF DEATH	°   FILED MAF	9 1955	STANDARD CERTI	FICATE OF DE	ATH State Fil	. No. 4112	
B. COUNTY (COUNTY)  D. CITY (II papeles corrupted liberty experiments)  D. CITY (II papeles corrupted liberty experiments)  D. CITY (II papeles corrupted liberty)  D.	BIRTH NO		REG. DIST. NO. 49	PRIMARY REG. DIST	. NO. 5774 Registra	r's No5	
D. CITY (II auguste correctly)  OF PILL NAME OF (I are its parapital or instance, after years advantage)  OF PILL NAME OF (I are its parapital or instance)  OF PILL NAME OF (I are its parapital or instance)  OF PILL NAME OF (I are its parapital or instance)  OF PILL NAME OF (I are its parapital or instance)  OF PILL NAME OF (I are its parapital or instance)  INSTITUTION, A J. M. A.		77	in	a. STATEMES	Loure &	malew administra).	
NOTIFICATION THE MANUAL SECTION TO BE CLASS ANTECDENT CAUSES  1. NAME OF DATE AND CLASS ANTECDENT CAUSES ANTECDENT CAUSES ANTECDENT CAUSES ANTECDENT CAUSES  1. NAME OF DATE AND CLASS AND		e corporate limite, write R	URAL and give   C. LENGTH O	OR OR			
3. NAME OF MFIRST  DECRASED WILLIAM SHOOT OF THE STATE OF BIRTH  S. SEX  1. S. COLLOP OR RACE  TYPES OF PHATE  DISTRIPLY OF STATE  B. S. SEX  1. S. COLLOP OR RACE  TYPES OF BIRTH  S. SEX  1. S. COLLOP OR RACE  TYPES OF BIRTH  S. SEX  1. S. SEX  1. S. COLLOP OR RACE  TYPES OF BIRTH  S. SEX  1. S. SEX  1. S. COLLOP OR RACE  TYPES OF BIRTH  S. SEX  1. S. SEX  1. S. COLLOP OR RACE  TYPES OF BIRTH  S. SEX  1. S. SEX  1. S. COLLOP OR RACE  TYPES OF BIRTH  S. SEX  1. S. SEX  1. S. SEX  1. S. SEX  1. S. COLLOP OR RACE  TYPES OF BIRTH  S. SEX  1. S. SEX	d. FULL NAME ( HOSPITAL O INSTITUTIO	OF (If not in hospital or it	35 - 12m & Cluno	Z ADDRESS	Gen Del	1 0	
5. SEX O S. COLDB OR RACE T. MARRIED NEVER MARRIED NUMBER OF DISTRY OF BIRTH S. SACE (15 pears 15 weeks a sex. MILLIAN WILDIAM) DISTRY OF BIRTH S. SACE (15 pears 15 weeks a sex. MILLIAN S. SACE (15 pears 15 pears 15 weeks a sex. MILLIAN S. SACE (15 pears 15 pears 15 weeks a sex. MILLIAN S. SACE (15 pears 15 pears 15 weeks a sex. MILLIAN S. SACE (15 pears 15 pea	3. NAME OF DECEASED	A. (First)	b. (Middle rung)		. OF Z.		
13. SOTHER'S MAJE   13. SOTHER'S MAJES NAME OF HOSAND OR WITE   14. NAME OF HOSAND OR WITE   15. WAS DECEASED EVER IN U.S. ARMED FORCESY /16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   BOLF ONLY OR GRAND OR WITE   BOLF ONLY OR GRAND OR WITE   DIRECTLY LEADING TO DEATH'S (a)   ANTECEDENT CAUSES   DUE TO (b)   DIRECTLY LEADING TO DEATH'S (a)   DIRECTLY LEADING TO DIRECT	5. SEX Male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specific	. 17	- Jant Methylay)	of under 1 year   of theory 24 mms.  Months   Days   Hours   Min.	
13. SOTHER'S MAJE   13. SOTHER'S MAJES NAME OF HOSAND OR WITE   14. NAME OF HOSAND OR WITE   15. WAS DECEASED EVER IN U.S. ARMED FORCESY /16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   BOLF ONLY OR GRAND OR WITE   BOLF ONLY OR GRAND OR WITE   DIRECTLY LEADING TO DEATH'S (a)   ANTECEDENT CAUSES   DUE TO (b)   DIRECTLY LEADING TO DEATH'S (a)   DIRECTLY LEADING TO DIRECT	10a. USUAN OCCUP.	ATION (Give kind of work orking life, even if retired)	10b. KIND/OF BUSINESS OR IN	11 BIRTHPLACE (	City and State or Foreign Country		
IVer. Sto. or INDERONAL   If year site was or dates of services   NO.	13a. FATHER'S N		. 101/	N NAME	14. NAME OF HUSBAND	OR WIFE	
18. CAUSE OF DEATH Better cuty one occurs per line for (a), (b), and (c)  *This does not mean the mode of dring, such as heart follow, extending, and another conditions, if any, giving DUE TO (b) Draw Coulestelle  ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  BUE TO (c) Orles head should  Bue To (c)	15. WAS DECEASED (Yes, no. or unknown)	EVER IN U.S. ARMED	FORCEST 16. SOCIAL SECURIT NO	I INFORMANT		ety Mo	
This das not mean the mode of spring, such as heart failure, asthenia, etc. It means the distingting course (a) stating the case, injury, or complication which caused death.  DUE TO (c) OLUS RED SRULL  By Date of OPERATION  DUE TO (c) OLUS RED SRULL  By Date of OPERATION  DUE TO (c) OLUS RED SRULL  By DETO (c	18. CAUSE OF DEAT	TH per   1. DISEASE OR C	MEDICAL		٤	ONSET AND DEATH	
tet. It means the discussion for compileration which caused death.    Due to (c) Orlin Red Skell   Conditions contributing to the death but not related to the disease or condition causing death.   19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSYT VES   NO   NO   NO   NO   NO   NO   NO   N	*This does not me the mode of dying, st	mode of dying, such Morbid conditions, if any, giving DUE TO (b)					
21a. ACCIDENT SUICIDE SUICIDE HOMICIDE CCICLUM SUBJECT SUICIDE HOMICIDE CCICLUM Substantion Suicide CCICLUM Substantia Suicide Suic	etc. It means the dis- the underlying couse last.  DUE TO (c) Orles hed Skee						
21a. ACCIDENT SUICIDE SUICIDE HOMICIDE CCICLUM Substitute Suicide Suic	tion which caused death.	Conditions contri	Conditions contributing to the death but not related to the disease or condition causing death. Car WECK				
21a. ACCIDENT SUICIDE SUICIDE HOMICIDE CCICLUM SUBJECT SUICIDE HOMICIDE CCICLUM Substantion Suicide CCICLUM Substantia Suicide Suic	19a. DATE OF OPE	RA- 196, MAJOR FIN	DINGS OF OPERATION		115		
INJURY FF 26 33 / F. WORK AT WORK SULLO WEEK S. to 10, that I tast saw the deceased alive on 19, and that death occurred at 1 Pm., from the causes and on the date stated above.  22. I hereby certify that I attended the deceased from FED 26, 1955, to 10, that I tast saw the deceased alive on 19, and that death occurred at 1 Pm., from the causes and on the date stated above.  23a. SIGNATURE  23a. SIGNATURE  23c. DATE SIGNED  24a. BURIAL, CREMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. JOCATION (Oity, town, ar county)  25. FINERAL DIRECTOR'S SIGNATURE  26. CALLO R. F. CALLO R. CAL	I 214 ACCIDENT	7	home, fared, factory birget, office bldg., etc		A	//	
22. I hereby certify that I attended the deceased from FEb 26, 1955, to	21d. TIME (M.) OF INJURY		Hote) 21e. NJURY OCCURRED	211. HOW DID INJUI	RY OCCUPY FECK		
ZAB. BURIAL, CREMA- TION, REMOVAL OPERATOR  ZAB. BURIAL, CREMA- TION, REMOVAL OPERATOR  WAS A - 55 Columny of the County County (State)  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  3/3-55  CLAR R. FLAND  DATE  BEG.  TO AND RESS COUNTY  TO AND RES			he deceased from Feb-2	1955, 10=	· ·	_	
24a. BURIAL CREMA- 24b. DATE JAC NAME OF CEMETERS OR CREMATORY 21d. LOCATION (Oity, town, or county) (Biato) TION, REMOVAL appeals)  MAL 2-55 KOLIMAY STOWN 740 CLIMAN STOWN  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  3/3-55 ALLA 7. FLARED BANKSON WORLD CAMPAGE  TO AND RESS.  ALLA 7. FLARED BANKSON WORLD CAMPAGE  TO AND RESS.		E heart	1/ 1/24 Degree or title		utou mo	23c. DATE SIGNED	
3/3-53 alla 17. Eldred Bairbrow-Worlery Cambeuler	ZAB. BURIAL, CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (Oity, town, or county) (State)						
9/3-331000011.780000	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE						
	<del>-73-3</del>	J I VUA	(Licensed Embalmer)	Statement on Reverse	Side)	M	

## STATEMENT BY LICENSED EMBALMER

Student Embalmer

Licensed Embalmer No. 248

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

he above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.