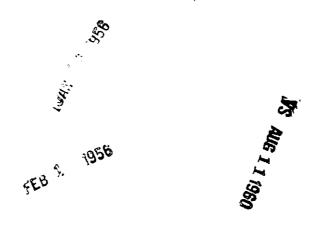
No.300 10.48	FILED DEC 12 1958	THE DIVISION OF HE STANDARD CERTIF		State File	». 36669	
	BIRTH NO	REG. DIST. NO. 137	PRIMARY REG. DIST. NO	3623 Registrar	1. No. 37	
}	I. PLACE OF DEATH a. COUNTY Yeary		2. USUAL RESIDENÇ	E (Where deceased lived. b. COUNTY	If institution: residence before admission).	
,	b. CITY (If outside corporate limits we OR TOWN Cleater	ite RURAL and give c. LENGTH OF STAY (in this place	c. CITY OR TOWN Clend	tn	d. Is Residence within limits of city or incorporated town?	
RECORD	d. FULL NAME OF (If not in bospital OR 1851)	or institution, give street address or location) North Washington	STREET ADDRESS 235	maral, give location) Mark W	aslengton	
	3. NAME OF a. (First) DECEASED (Type or Print)	Shan Rich	C. (Last)	4. DATE (MO OF DEATH Dec	onth) (Day) (Year)	
ANEN	5. SEX (1.6. COLOR OR R.	CE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCES (Specify)	8, DATE OF BIRTH		onths Days Hours Min.	
PERMANENT	10a. USUAL OCCUPATION (Give kind of dage during most of working life, even if reti	ork 10b. KIND OF BUSINESS OR IN- bustry	11. BIRTHPLACE City and	State or Foreign Country	12. CITIZEN OF WHAT COUNTRY?	
₹	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN	NAME 14.	. • .	Oman	
МАКЕ	15. WAS DECEASED EVER IN U.S. ARM (Yee, no, or unknown) (If yee, rive war or	ED FORCES? 16. SOCIAL SECURITY NO. NO. H91-03-1636	17. INFORMANT'S S	IGNATURE OR NAME 2 Man Clen		
INK—	18 CAUSE OF DEATH	R CONDITION EADING TO DEATH*(a) Leuto	Persulatory	Pailure	INTERVAL BETWEEN ONSET AND DEATH	
ACK I	*This does not mean ANTECEDEN	T CAUSÉS	gestive heal	+ failure	1-1/2 yrs.	
BL	as heart fallure, asthenia, rise to the ab etc. It means the dis- case, injury, or complica-	ilions, if any, gising DUE TO (b) Correlations, if any, gising DUE TO (c) DUE TO (c)	<i>,</i>	434	(
DING	tion which caused death. 11. OTHER SI	GNIFICANT CONDITIONS ntributing to the death but not dicease or condition causing death.	rterioselero	ses kiperten	vor 4-5-yen	
UNFADING	19a. DATE OF OPERA- TION	FINDINGS OF OPERATION	·	/ []	20. AUTOPSY?	
DSING.	21a. ACCIDENT (Specify) SUICIDE HOMICIDE ,	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWN	NSHIP) (COUNT	TY) (STATE)	
	21d. TiME (Month) (Day) (Year OF INJURY	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCI	UR?		
PLAINLY	22. I hereby certify that I attended the deceased from ang. 15 7, to flee. 2, 1953, that I last saw the deceased alive on Nov. 2/, 1955, and that death occurred at 3000 m., from the causes and on the date stated above.					
	23a. SIGNATURE R. E. Yarly	(Degree or title)		· clinton,	Ma. Date Signed	
WRITE	246. BURIAL, CREMA- 246. DATE TION, REMOVAL (speedly)	24 NAME OF CEMETER	Y OR CREMATORY 24d. I	LOCATION (City, town, c	r county) (State)	
	DATE REC'D BY LOCAL REGISTRAN	ded Biguin!	7 L SCLOPE	s signature clinton	ADDRESS .	
,		(Licensed Embalmer's	statement on Reverse Side)			



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was	en
by me, or by, Student Embalmer No	
working under my personal supervision	

 Signed ... Licensed Embalmer No. 7

P. O. Address Cleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I 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.