• ॥ भा	ED JAN	4 - 1956	STA	NDARD CERT	FICATE OF	DEATH	State	File No	10104
) BIRTH N	10		REG. D	IST. NO. 10/	_ PRIMARY REG. D	IST. NO. 24	15 Regi	strar's No	62.1.
	CE OF DEA	UGLAS	•		2 USUAL RE a. STATE	SIDENCE (V	Vhere decoased li b. COI	INTV	ution: residence before
b. CI1 OI TOV	TY (Il outside co	rporate limits, write	RURAL and a	waship) STAY (in this pla		ide corporate limits	WHIS RURAL &		is)
d. FU		GROUE (If not in hospital or	institution, gi	ive street address or location	_	(If rural,	give location)	<u>-</u>	0340
3. NAN	ME OF EASED	a. (First)		b. (Middle)	c. (Last)	W	4. DATE OF DEATH	(Month)	(Day) (Year)
5. SEX	, //	COLOR OR TACE	7. MARR WIDOV	HED, NEVER MARRIED, WED, DIVORCED (Species	171 .	/) H / ピッケ	9, AGE (In yes	Months I	
10a. USU		ON (Give kind of working life, even if retired)	10b. KIN	D OF BUSINESS OR IN	Y 1	_		10 10 10 10 10 10 10 10 10 10 10 10 10 1	2. CITIZEN OF WHAT COUNTRY?
l	THER'S NAME	HOUSE!	PEP	E // 13b. MOTHER'S MAID!	N NAME	_	/ / IE OF HUSBAN	D OR WIFE	<i>U-S</i> .
15. WAS	DECEASED EVE	ER IN U.S. ARMED	FORCES?	MARCARE) 16. SOCIAL SECURIT	7 50,910 Y 17. INFORMA	1	ATURE OR N	AME	ADDRESS
	E OF DEATH	NO.	Or Relivice)	MEDICAL	MRS. MAI	<i>90 A8 E7</i> Py	FRAZ	100	INTERVAL BETWEEN CONSET AND DEATH
	ly one cause per a), (b), and (c)	I. DISEASE OR (DIRECTLY LEAD	DING TO DE	ATH (a) / Dely	rip of	augre	ul di	£	
the mode	does not mean of dying, such illure, asthenia,	ANTECEDENT (Aforbid condition rise to the above	ne, if any, gi	lying DUE TO (b)	Sorterite	poblit	Tress		
etc. It n	neans the dis- ry, or complica-	the underlying a	iuse last.	DUE TO (c)	verely of	Deterior	elera	·	
tion which	h caused death.		ibuting to the	death but not ion causing death.	ourliel	Dean	pensal	tou	
19a. DAT	E OF OPERA- TION	19b. MAJOR FII	IDINGS OF	OPERATION /		/	45	01	20. AUTOPSY1
21a. ACC SUN HOM	CIDENT CIDE MICIDE	(Specify)		OF INJURY (e.g., in or abo factory, street, office bldg., etc		N, OR TOWNSHII	e) (C	OUNTY)	(STATE)
21d. TIM OF INJU	E (Month) RY) (Day) (Year)		TIE. INJURY OCCURRED WHILE WORK AT WORK	211. HOW DID IN	JURY OCCURT	•		• -
	reby certify	that I-attended	the decease	sed from Heri hat death occurred o	1955, to	om the causes			saw the deceased above.
	NATURE	ef the	to be	(Degree or title		grave.	· Mus		23c. DATE SIGNED
ZAa. BU	RIAL, CREMA EMOVAL (Breek)	12 24 DATE	-55	24c, NAME OF CEMET	ERY OR CREMATOR		TION (Oity, to	WB, or count	y) (State) Y / ANS
DATE RI	EC'D BY LOCA	L REGISTRAR'S	SIGNATURE	84-	25. FRANKAL D	SECTOR'S S	MATURE	ADI	tu gun
L Vac.	26-57 -	ا رایمد	<u>~~ / 0</u>	(Licensed Embalmer)	Statement on Rever	se Side)		عر	co.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate	was embale	ned by m	e, or by	
	Student	Embalmer	No		
working under my personal supervision.		1 0	0	11	

Student Embalmer

Signed Manh Trable Licensed Embalmer No. 4/4

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.)

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