	9 - 1956		STANDARD CERTI	FICATE OF DEATH	***************************************		
		egistration Dis	337	rimary Registration District	6/39	FILE NUMBER	37
	•	egistration Dis	STRICT NOP				
i. PLACE OF E		,		2. USUAL RESIDENCE	(Where deceased lived. b. COU		before ission),
	JUE TE	z y Libira siya T	TOWNSHIP only) Inside Lant:	/// /53	SO XIYI	J nelby	
OR _		r illinis, give i	A A A WOLF No.	OR C.I		. Inside	Limits No 🕿
c. FULL NA	ME OF (IT NOT)	VILLE,	relocation) Length of stay in 1	TOWN J' he	LAYVILA	```\ 	
HOSPITAL INSTITUT	_ UR			d. STREET ADDRESS	(If outside, giv	Plosterion Resid	on Farm No⊡
NAME OF DECEASED	_	First	· Middle	Last	4. DATE	Month Day	Year
(Type or print)	Geor	60	CoeiLiou	S BLAISE	50.711	erch 26 1	952
. SEX	6. COLOR C	R RACE 7.	MARRIED NEVER MARRIED		9. AGE (In years last birthday)		R 24 HRS.
MALC	Wh	ite	WIDOWED DIVORCED	JUNE 27 18	91' 64	8 29	
Da. USUAL OCCUPA during most o	ATION (Give kind o f working life, eve	of work done 10 in if retired)	36. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (City and ata	ate or country)	12. CITIZEN OF WHAT COU	NTRY?
FAY	MEY			SIGOUTNEY	IOWA'	<u> </u>	
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN NAME	· .		
Pete	Y PIR	PMED FORCES	16. SOCIAL SECURITY NO	DeLLA 17. INFORMANT	(d y e y		<u>-</u>
	(If yes, give wa		ce) III. SOCIAL SECURITY NO	. II. INFORMANT	~ Addr	C.D. Al . 10	544
110. 0.1105.05	770		per line for (a), (b), and (c).]	1 Mr. Georg	le Blaue	Shelbyrelle	Ma
18. CAUSE OF	DEATH LANCET		Det 11ne 10t (a). (0). and (c).			INTERVAL BI	
	DEATH WAS CAUS	SED BY:	Wremia.		ex Que	ONSET AND	
Condition which above stating	DEATH WAS CAUS IMMEDIATE Dons, if any, are rise to cause (a), the under-	SED BY:		Spine at 1	2th Donaf	West Land	
Conditie which g above stating lying c	DEATH WAS CAUS IMMEDIATE ons, if any, are rise to cause (a), the under- cause last.	DUE TO (c)		Spine at 1	2 Donaf Dition GIVEN IN PART I(a)	19. WAS AUT PERFORM	OPSY ED?
Condition which good above stating lying of PART II.	DEATH WAS CAUS IMMEDIATE Ons, if any, are rise to cause (a), the under-ause last. OTHER SIGNIFICANT	EED BY: CAUSE (a) UE TO (b) PUE TO (c) F CONDITIONS CON HOMICIDE 20	Uremia. Cancer of.		190	19. WAS AUT PERFORM YES NO.	DEATH LYSS
Condition which go above staing lying of PART II.	DEATH WAS CAUS IMMEDIATE DORS, If any, are rise to cause (a), the under- ause last. OTHER SIGNIFICANT SUICIDE	CAUSE (a) UE TO (b) PUE TO (c) F CONDITIONS CON	Cancer of		190	19. WAS AUT PERFORM YES NO.	OPSY ED?
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STATEMENT BY LICENSED EMBALMER

BEEL TS WAY

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

working under my personal supervision..

Signed & W. Musque Licensed Embalmer No P. O. Address Bethd

The mission the companies

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

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