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3. NAME OF a (Pirst) DECEASED A (Month) DECEASED A	OR TOWN	SALLA	N "	ownship) STAY (in this place 20 4-74	oli OR ⊿	MILAN	·	d. Is Rest a city Yes		
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IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IG. SOCIAL SECURITY (Tree, no, or or database) UI year, styre war or datas of service) 16. SOCIAL SECURITY (Tree, no, or or database) 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. CAUSE OF DEATH Enter only one secures per lime for (a), (b), and (c) 18. CAUSE OF DEATH II. DISEASE OR CONDITION 19. MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION INTERVAL SETW ONSET AND DEA MICHIGAL CERTIFICATION INTERVAL SETW ONSET AND DEA MEDICAL CERTIFICATION INTERVAL SETW ONSET AND DEA MICHIGAL CERTIFICATI	done during most of worki	ng life, even if retired)			11. BIRTHPLACE	√0	se or Foreign C	ountry) O	COUNT	?Y?
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Enter only one-course per line for (a), (b), and (c) "This does not meen the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch as heart failure, arthenia, the mode of dying, ruch arthenia, the mode of dying, ruch arthenia, the mode of death and the deceased from the date stated above. 21d. Time (Mosth) (Day) (Year) (Hour) (21e. INJURY OCCURRED WHILE AT NOTWHILE NOTWH				I NA		TALL SIGN				DRESS
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT MOT WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK OF CEMETERY OR CREMATORY 22a. BIGNATURE (Degree or title) 23b. ADDRESS Milan, Missouri 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oby, town, or county) (State) (State) 24d. BURJAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oby, town, or county) (State) (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oby, town, or county) (State) (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oby, town, or county) (State) (State) (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oby, town, or county) (State)	Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT Of Morbid condition rise to the above	AUSES is, if any, givenue (a) ste	ATH*(a) <u>Coronal</u> toting DUE TO (b) <u>UI</u>	cy Thromb			-	ONSET	ND DEAT
TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. PLACE OF INJURY (a.e., to crabout bottoe, farm, factory, street, office bldg., eve.) 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not								;
SUICIDE HOMICIDE Company Compan	19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF	OPERATION			421	01	i -	PSY7
22. I hereby certify that I attended the deceased from	SUICIDE	(Bpedly)			21c. (CITY, TOWN	, or township	n ((CYTNUOX	(ST	ATE)
alive on		(Day) (Year)	· w	WHILEATITE NOT WHILE THE	21f. HOW DID IN.	JURY OCCUR?	· -	·		
24a. BUTTAL. CREMAT 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Otty, town, or county) (State Tropher Oyal State) 25 C CENCLED March March			the deceas , and t	hat death occurred at	19, to 5:30P-m., fro	om the causes	, 19, and on the	that I las date stated	t saw the 1 above.	decea
24a. BURTAL, CREMAT 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Otty, town, or county) (State TION APPROVAL REMATORY 3-5-5C	Tow	Lon	M	oro Bamo	Milan,				3-7	-56
DATE DOOD DV LOCAL DECICTORDIC CICULATURE COMPANIES COMPANIES COMPANIES	TION BENOVAL OFFICE	3-8-	56	24c. NAME OF CEMETER	Y OR CREMATORY	1	TION (O157, to	L		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-10-5'6 MAD. MAW. Beckett 15 - Securio Column May	DATE REC'D BY LOCAL REG 3 –10 –5 6			-	25. FUNERAL DI	RECTOR .	CHATURE Commis	ale.	OPESS .	mil

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

Working under my nersonal supervision

working under my personal supervision..

Signature of Student Embalmer

Student

ell Truck

P. O. Address Malle

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.