| 66 a | | THE DIVIS | | | | | 4に4に0 |
|---|--|--|--|--|--|---|--|
| FILED MAY 2 | 1 1956 | STANDAR | ED CERTIF | ICATE OF D | EATH s | tote File No | 16160 |
| BIRTH NO. | | REG. DIST. NO. | 137 | | т. но. 3023 д | | 185- |
| I. PLACE OF DEA | | | | | IDENCE (Where decease | d lived. If Ing | titution: residence befo |
| | enro | 1 | | /// / | SSOUKI" | E | ENTON |
| b. CITY (If outside co. OR TOWN | purate limits, writed | RURAL and give Sownship) | LENGTH OF TAY (In this place) | 10 | ARSAW | d. Is Res city Yes | or incorporated town? |
| d. FULL NAME OF (HOSPITAL OR INSTITUTION | If not in hospital or Wetze | institution, give street ad | idress or logylion) | ADDRESS | (If rural, give location) |) | • |
| 3. NAME OF DECEASED | a. (First) | b. (I | Aiddle) | c. (Last) | 4. DATE | (Month) | (Day) (Year) |
| (Type or Print) | TOHNN | <u>ie</u> | C1 | AMPBE | DEATH | may | 15,195 |
| 5, SEX 6. | COLOR OR RACE | 7. MARRIED, NEVE WIDOWED, DIVO | R MARRIED | 8. DATE OF BIRTH | 9. AGE (Is | years if (some day) Months | Days Hours Min. |
| male au | Viete_ | Trever M | anied | June 25 | 1911 4 | 4 10 | 20 |
| 10a. USUAL OCCUPATIO done during most of working | (N (Give kind of work ag life, even if retired) | 10b. KIND OF BU | SINESS OR IN- DUSTRY | M. BIRTHPLACE | (City and State or Foreign | Country) | 12. CITIZEN OF WHA |
| Labor | | Comme | n Lobon | Denle | en Co, 1 | mo o | 11. S. H. |
| 13a. FATHER'S NAME | a . | 13b. MOT | HER'S MAIDEN | NAME 0 | 14. NAME OF HUS | BAND/OR WIF | E |
| Henry (| ample | U CN | asey | (augull | YU | me. | |
| | | | | | | RNAME | ADDRESS |
| 15. WAS DECEASED EVE (Yee, no. or unknown) (II | R IN U.SVARMED yes, give yes, or date | FORCES? 16. SOC | IAL SECURITY | 17. INFORMANT | T'S SIGNATURE OF | 1.1 | ·~ |
| 15. WAS DECEASED EVE (Yes. no. or unknown) (11 | R IN U. S/ARMED | FORCES? 16. SOC of service) 498-3 | AL SECURITY | ada Bl | welkers | 1 W | assaw |
| 18, CAUSE OF DEATH | No_ | 1488-3 | MEDICAL C | 17. INFORMANT | welken | W | |
| NO | No_ | FORCES? 16. SOCI of service) 498-3 CONDITION DING TO DEATH (a) | MEDICAL C | 17. INFORMANT | auchoun | l W | INTERVAL BETWEEN |
| 18. CAUSE OF DEATH Enter only one course per | I. DISEASE OR CONTRACTLY LEAD | CONDITION DING TO DEATH*(a) CAUSES s, if any, giving DUE cause (a) stating use last. | 12.7 4620 MEDICAL C | certification | is signature of | i Wa | INTERVAL BETWEEN |
| 18. CAUSE OF DEATH Enter only one on usoper line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- | I. DISEASE OR C DIRECTLY LEAD ANTECEDENT C Morbid condition rise to the above the underlying ca | CONDITION DING TO DEATH*(a) | 72 - 7 - 10 - 10 (b) | informant Black Bl | anchora oucutati | war | INTERVAL BETWEEN |
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STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the reverse side of this certificate was e | | | | | | |
|---|--|---------|-----------------|--|--|--|
| by me, or by | | , Stude | ent Embalmer No | | | |
| working under my personal supervision | | 0 0 | | | | |
| Oto to a | | John | A Reser | | | |

Licensed Embalmer No. 409

P. O. Address Wassac

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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 embaimed by a STUDENT, he also shall sign in his OWN handwriting if this body is not embalmed, fact should be so stated above.

Signature of Student Embalmer