	~~~	TANDARD CERTIF	FICATE OF DEA	TH	<b>40495</b>
FILED JUL 30	) 19 <b>56</b>	. DIST. NO. 137	PRIMARY REG. DIST.	Similar P	ile No
I, PLACE OF DEATH	NE 6	. DIST. NO		NCE (Where deceased live	d. If institution: residence before
a. COUNTY	NRY		a. STATE QUA	b. COUN	
b. CITY (If outside corporate II		and give c. LENGTH OF township) STAY (in this place	C. CITY (If outside corp	orate limits, write RURAL and	
LINTON		rear! 4 mi	TOWN Wal	senberg	105 4
d. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	hospital or institution	n, give street address or location)	d. STREET ADDRESS	(If rural, give location)	0 0
3. NAME OF s. (Fin DECEASED (Type or Print)		b. (Middle)	c. (Last)	4. DATE (1 OF DEATH	Month) (Day) (Year)
	OR RACE   7. M.	ARRIED, NEVER MARRIED,	3 8. DATE OF BIRTH	1.9 AGE (In years)	IF there I was I is more a use
mya	''' ا ر	DOWED, DIVORCED (Breedly)	durch 20-	1868 87	Months Days Hours Min.
Oa. USUAL OCCUPATION (Give doze during most of working life, ev		KIND OF BUSINESS OR IN- DUSTRY	11. SIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHA
FARMER	45.11.144.194.7		E L13a V16	Le. 220	COUNTRY
3a. FATHER'S NAME	2-4-6	13b. MOTHER'S MAIDEN	NAME	14. MAME OF HUSBAND	OR WIFE
UICTOR G	sallo	1 Cx	Moun	n	<u> </u>
15. WAS DECEASED EVER IN U. (Yee, no, or unknown) (If yee, give	S. ARMED FORCE war or dates of service		17. INFORMANT'S	SIGNATURE OR NA	ME ADDRESS
8. CAUSE OF DEATH	7	MEDICAL (	CERTIFICATION	· ·	INTERVAL BETWEEN
I NICI	EASE OR CONDITI	ω <b>/</b>	an Ocelus	4	ONSET AND DEATH
ine for (a), (b), and (c)	CILT LEADING TO	DEATH (a)	The second		/ hom
I RUS GOES THOU TREATED	CEDENT CAUSES	. <b>A.</b> .	<b>b</b> . // <b>a</b> a	—' н n	•
		DUC TO (b) [ Ed 2	البدرو لامصيلا المكا	o Nicon II ble.	. A
he mode of dying, such Morbins heart failure, arthenia 7186 to	eld conditions, if an the above cause (a	y, giving DUE TO (b)	ersocleed	ce Near He.	10 year
he mode of dying, such heart fallure, asthenia, the un	id conditions, if an o the above cause (a nderlying cause last.		el Hoselerol	ce May Ne	10 ga
the mode of dying, such ne heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.	HER SIGNIFICANT	DUE TO (c) CONDITIONS Of the death but not	<u>Uspellisl</u>	ce Meny pe	10 year
he mode of dying, such na heart failure, asthenia, ic. Il means the discase, injury, or complication which caused death.  Morbitse to the uncomplication which caused death.  II. OTI	HER SIGNIFICANT	DUE TO (c) CONDITIONS the death but not ndition causing death.	<u>erspecterst</u>	Le Meny pe	20. AUTOPSY?
he mode of dying, such the heart failure, asthenia, it. Il means the discase, injury, or complication which caused death.  9a. DATE OF OPERATION  119b. M	HER SIGNIFICANT itions contributing to d to the disease or co	DUE TO (c) CONDITIONS the death but not ndition causing death.	21c. (CITY, TOWN, OR T	OWNSHIP) (COU	UU YES NO E
the mode of dying, such na heartfallure, asthenia, etc. It means the discase, injury, or compilication which caused death.  II. OTI Condit related  III. OTI Condit related	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL boms, fa	DUE TO (c)  CONDITIONS  The death but not noting death.  OF OPERATION  ACE OF INJURY (e.g., is or about 100, factory, street, office bidg., std.)  216. INJURY OCCURRED WHILE AT NOT WHILE	21c. (CITY, TOWN, OR T		UU YES NO E
the mode of dying, such as heart failure, asthenia, etc. It means the distinction which caused death.  II. OTI Condition which caused death.  III. OTI Condition which caused death.	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL bome. Is  (Year) (Hour)	DUE TO (c)  CONDITIONS  Othe death but not noting death.  OF OPERATION  ACE OF INJURY (e.g., in or about zm., factory, street, office bidg., etc.)  21e. INJURY OCCURRED WHILE AT WORK AT WORK	211. HOW DID INJURY	DCCUR1	V-U YES NO ENTY) (STATE)
the mode of dying, such as heart fallure, asthenia, etc. It means the distance, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY  22. I hereby certify that I alive on	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL bome. Is  (Year) (Hour)	DUE TO (c) CONDITIONS Othe death but not noting death. OF OPERATION  ACE OF INJURY (e.g., in or about 700, incorp., inco	211. HOW DID INJURY	OCCUR?	YES NO ENTY) (STATE)  It I last saw the deceased the stated above.
the mode of dying, such as heart fallure, asthenia, etc. It means the distance, injury, or compilication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) OF (NJURY)  22. I hereby certify that I alive on States the uncide to the uncide the uncide to the uncide the uncide to the uncide t	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL bome. Is  (Year) (Hour)	DUE TO (c) CONDITIONS Othe death but not noting death. OF OPERATION  ACE OF INJURY (e.g., in or about 700, incorp., inco	211. HOW DID INJURY	DCCUR1	YES NO LENTY) (STATE)  It I last saw the deceased the stated above.
the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) OF INJURY  22. I hereby certify that I alive on Suicide Alive on Suicide Alive OF Case Burial Creamed Alive On Case Burial Creamed Alive On Case Burial Creamed Alive On Case Burial Creamed Case Case Case Case Case Case Case Case	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL bome. Is  (Year) (Hour)	DUE TO (c) CONDITIONS Othe death but not noting death. OF OPERATION  ACE OF INJURY (e.g., in or about 700, incorp., inco	211. HOW DID INJURY  2, 19, 6, to  6, 7, m., from the  Cab. ADDRESS  Cluto	DCCUR1	YES NO NO NOTY)  (STATE)  It I last saw the decease the stated above.    23c. DATE SIGNED   7-23-12
the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  119a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) OF INJURY  22. I hereby certify that I alive on Suicide  23a. SIGNAT RE	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL bome. ia  (Year) (Hour)  attended the dec	DUE TO (c)  CONDITIONS  Othe death but not notindition causing death.  OF OPERATION  ACE OF INJURY (e.g., in or about 7th, factory, street, office bldg., etc.)  21e. INJURY OCCURRED WHILE AT WORK AT WORK  teased from death death death death (Degree or title)	211. HOW DID INJURY  211. HOW DID INJURY  212. 1936, to  6 7 m., from the  23b. ADDRESS  RY OR CREMATORY  21 C 1 7 y	causes and on the day	YES NO NO NOTY)  (STATE)  It I last saw the decease the stated above.    23c. DATE SIGNED   7-23-12
the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify that I alive on 22a. SIGNAT RE 22a. BURIAL CREMA-24b. TION, REMOVAL (Specify)  22a. BURIAL CREMA-24b. TION, REMOVAL (Specify)  23a. SIGNAT RE  24a. BURIAL CREMA-24b. TION, REMOVAL (Specify)	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL bome. is  (Year) (Hour)  m.  attended the dec	DUE TO (c)  CONDITIONS  Othe death but not notindition crusting death.  OF OPERATION  ACE OF INJURY (e.g., in or about rm, factory, street, office bidg., ste.)  21e. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  ceased from death decurred at  (Degree or jitle) (continue)  24c. NAME OF CEMETER  A PPL a To	211. HOW DID INJURY  211. HOW DID INJURY  212. 19 26., to  6 7 m., from the  23b. ADDRESS  CLASS  RY OR CREMATORY  2	occur?  2.3, 19.2., the ecauses and on the dai	yes \( \text{NO} \) NTY) (STATE)  It I last saw the deceased to stated above.    23c. DATE SIGNED   7-23-12   (State)
the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death.  11. OTI Condi related 19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) OF INJURY  22. I hereby certify that I alive on 22a. SIGNATURE  22a. BURIAL CREMA- 24b. TION, REMOVAL (Breedly)  23a. GRAGO TO THE CREMA- 24b. TION, REMOVAL (Breedly)  24a. BURIAL CREMA- 24b. TION, REMOVAL (Breedly)	HER SIGNIFICANT itions contributing to d to the disease or co MAJOR FINDINGS  21b. PL bome, fa  (Year) (Hour)  attended the dec	DUE TO (c)  CONDITIONS  Othe death but not notindition crusting death.  OF OPERATION  ACE OF INJURY (e.g., in or about rm, factory, street, office bidg., ste.)  21e. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  ceased from death decurred at  (Degree or jitle) (continue)  24c. NAME OF CEMETER  A PPL a To	211. HOW DID INJURY  2, 19, 6, to  23b. ADDRESS  RY OR CREMATORY  25. FUNERAL DIRECT	occur?  2.3, 19.2., the ecauses and on the dai	yes \( \text{NO} \) NTY) (STATE)  It I last saw the deceased to stated above.    23c. DATE SIGNED   7-23-12   (State)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No
working under my personal supervision.	
Student	Signed Coon Echlosh
Student Embalmer	Signed Coco Ecology  Licensed Embalmer No. 3942

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.