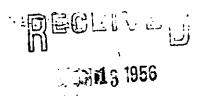
HLEO D	EC 17 1956	THE DIVISION OF HE			40848
		' STANDARD CERTIF	ICATE OF DEATH	State File No	······
BIRTH NO		REG. DIST. NO. <u>58</u>	PRIMARY REG. DIST. NO.		
1. PLACE OF DE a. COUNTY	PARTE	R	2. USUAL RESIDENCE	E (Where decessed lived. II in	etitution: residence before ARFER
b. CITY (if outside of TOWN	corporate limits, write i	RURAL and give c. LENGTH OF STAY (in this place	o. CITY OR TOWN EIISING		sidence within limits of or incorporated town?
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or i	natitution, give street address of location)	11	rural, give location)	0180
3. NAME OF DECEASED	8. (First)	1) 5 NOR e , 19 0 b. (Middle)	c. (Last)	E // S/NORE 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	JUliA	POSETTA	Aubucto	N DEATH Dec	4 1956
FEMALE !	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)) 8. DATE OF BIRTH JULY 2 1884	9. AGE (In years if theres last birthday) Months	
10a. USUAL OCCUPAT	ring life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (Gity and	d State or Foreign Country) D	12. CITIZEN OF WH.
SCHOOL TATHER'S NAM		1. Tub/10 DCHOOL	DONNE PERRE	<u>e 17:55:00/2;</u> name of husband or vii	Λ'7.4.
LUCIAN	Au buc Ho	ON MARY C	ole 1	Never MARK	ried
15. WAS DECEASED EV	ER IN U.S. ARMED	of service) NO.	1	I GNATURE OR NAME	ADDRESS
NO		None	POAH HUD	Ouction 142,	E ISINORE
18. CAUSE OF DEATH Enter only one cause per	1 I, DISEASE OR C	CONDITION	CERTIFICATION	7	ONSET AND DEATH
line for (a), (b), and (c)	I DIRECTIVIEAD	oing to Death (a)	Circulation	y alure	- 2 hou
*This does not mean	ANTECEDENT C		traine Line	×)	1 2
the mode of dying, such as heart failure, asthenia,	Morbid condition rise to the above of	is, if any, giving DUE TO (b)	war my	Marian_	- -
etc. It means the dis-	the underlying co	use last. DUE TO (c)	Tarina les	السيا	7
case, injury, or complica- tion which caused death.		FICANT CONDITIONS	- would		-
	Conditions contri	buting to the death but not use or condition causing death.	•	447.X.	
19a. DATE OF OPERA	19b. MAJOR FIN	DINGS OF OPERATION	.•	V : 1.1A	20. AUTOPSY1
TION				•	YES NO
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOW	NSHIP) (COUNTY)	(STATE)
21d. TIME (Month OF INJURY	b) (Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCC	UR7	
22. I hereby certify	that I attended	2 10	1954 to Dev.	4 195 that I la	st saw the deceas
alive on/.		6, and that death occurred at	,, ,	,,, ,	-
23a. SIGNATURE	^ ^	(Degree or title)	. 		23c. DATE SIGNE
Trank	V. Rue	maker Dio	Van Bus	en, mo	112-6-56
24a. BURIAL, CREM TIONOREMOVAL (Bread	A 24b. DATE	24c. NAME OF CEMETER	RY OR CREMATORY 24d.	LOCATION (City, town, or cou	nty) - (State)
TION/REMOVAL (Bred	12-7-	56 SMITHS CHA	pel Cemeter (ARteR. COUN	ty Misso
DATE REC'D BY LOC			25 FENERAL DIRECTOR	S SIGNATURE! A	DORESS -
10 7 - 5th	mis	Wita Henson	Lebeman M	Speeden Vank	usea /ho.
uncol	-/-	(Licensed Embalmer's	Statement on Reverse Side)	1	



CARTER COUNTY HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision..

. 4

Signature of Student Embalmer

Student

Signed allen C. Myssen

Licensed Embalmer No. 45

: 361 6 5 40 lg

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