Primary Registration District No. 5678   Registration District N	***				STANDARD CERTIFICATE OF DEATH		ATH	'57 <b>0</b> 2 i	734
1. PLACE OF DEATH  C. CUNTY L. MARINED CONTROL OF A COUNTY L. C. C. COUNTY L. C. COUNTY L. C.		ı	FILED JUN 21	3 195 <b>7</b>			۲/70		IBER
DO COUNTY STATE M. D. COUNTY M. D.		L		Registration Dist	rict No. 101				
Both		1		eoln	•		IDENCE (Where decease		: Residence before dmission)
C. FULL NAME OF (I) NOT in hospital, give location   Reside on Form NOSTITALION   NOTICE   NO	56		OR D	orate limits, give TO	7 -0 1	OR	Enlia.		F
3. NAME OF PEATH ENTER ONLY THE ENTE	, /		HOSPITAL OR	OT in hospital, give	Tocaston) Length of ste	y in 1b d. STREET	· (If ou	tside, give location)	Reside on Farm
Type or print)  S. SEX  S. COLONG RAKE  NAMED COLONG REVER MARRIED DEVORCES NO POWNERS OF BIRTH  D. AGE (In year) of weight is used law in the distribution of the internal powners of the internal po	8002	3.		First	Middle	Lasty-		Month	<del>`</del>
TO USUAL COMPATION (Glie kind of work done 100. KINGO OF BUSINESS OR INDUSTRY 1. BIRTYPLACE (City and allic or country)  13. FATHER'S RAMME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and per)  15. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and per)  16. CONDITION (I) (1) yes, the was a date of was a cause per line for 10), (b), and per)  17. FATHER'S RAMME  18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and per)  18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and per)  19. PART II. OFATH (Enter only one cause per line for 10), (b), and per)  19. PART II. OFATH (Enter only one cause per line for 10), (b), and per)  19. Conditions, if any, which greet first for down cause for the per line for 10), (b), and per)  19. PART II. OFATH (Enter only one cause per line for 10), (b), and per)  19. WAS AUTOPSY PERFORMED (PART II.) DUE TO (c)  19. WAS AUTOPSY PERFORMED (PART II.) DUE TO (c)  19. WAS AUTOPSY PERFORMED (PART II.) DUE TO (c)  19. WAS AUTOPSY PERFORMED (PART II.) DUE TO (c)  20. ACCIDENT SUICIDE HOMICIDE ZOO. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.)  20. ACCIDENT SUICIDE HOMICIDE ZOO. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.)  20. ACCIDENT SUICIDE (PART II.) DUE TO (c)  20. ACCIDENT SUICIDE HOMICIDE ZOO. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.)  20. ACCIDENT SUICIDE (PART II.) DUE TO (c)  21. Jatiended the deceased from (PART II.) DUE TO (c)  22. ACCIDENT SUICIDE (PART II.) DUE TO (c)  22. AC	e .	5.	(Type or print)	OFFICE RACE 17	<u> </u>	BAPPE	DEAT	IIMM	6 /957 (FAR be (Number to Appel
THE DESIGN OF THE DOT PRICE OF THE DESIGN OF THE PRICE OF INJURY (c.g., in or chast hame.    10. COUNTY   10.	o na	L	MALE U	stor	WIDOWED DIVO	RCED DUNKA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES:  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  19. WAS CAUSED BY:  19. CAUSE OF DEATH [Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause per time for 40). (0). and act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter only one cause (act)  19. CAUSE OF DEATH (Enter one)  19. CAUSE OF		10.		e, evon if retired)	. KIND OF BUSINESS OR IN	DUSTRY II. BIRTHPLACE (C	City and state or country)	10 12. CITIZEN O	G /
15. WAS DECEASED EVER IN U. S. ARMED FORCES:  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	Jeath SSIB	13.	FATHER'S NAME	and D	1 10 T-212	14. MOTHER'S MAI	DEN NAME	70 1-701	- <i>V<sub>1</sub>-1</i>
Conditions, if any, which gate rise to make of service)   A and B or O W to Conditions   Interval between ONSET MSD OLATH		15.	WAS DECEASED EVER IN U.	S. ARMED FORCES?	16 SOCIAL SECUE	ITY NO. 17 INSORMANT	ua du	Address	- In
Conditions, if any, which gare rise to above cause (a), which gare rise to above cause (a). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT II		(Y	es. no. or unknown) (If yes. oi			Haze	l Brow	in Colo	VK Gulle
Conditions, if any, which gare rise to above cause (a), which gare rise to above cause (a). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUM BUT II	EWR!		PART I. DEATH WAS	CAUSED BY:	er line for (a), (b), and to	2	et.		
DUE TO (b)    Conditions, 1, any,   Due to (c)   Conditions of the but not related to the terminal disease condition given in part I(a)   19. Was autopsy		¥	ļ	**** CAUSE (8)	7	1000	<u> </u>	·	<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT III.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT III.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT III.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT III.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT BUT III.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PUT III.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTRY			which gave rise to	DUE TO (b)	TM	- Jacobs	•		<del>-/</del>
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF, Hour Month, Day, Year INJURY a.m. p. m.  20d. INJURY OCCURRED WHILE AT ONOT WHILE Of INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. I attended the deceased from 15 of month date stapp above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or title) 12b. ADDRESS 22c. DATE SIGNED 22c. DATE SIGNED 12c. DATE SIGNED 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD. BY LOCAL REG. 25c. REGISTRAR'S SIGNATURE 22c. DATE RECD.	ğ 🖁		lying cause last.	, <u>.</u>	Mayo	coracu	1		
20c. Time of Hour Month, Day, Year INJURY a.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE   20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21. I attended the deceased from   3.00 P m on the date states above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE   22c. DATE SIGNED  23a. BURIAL, CREMATION,   23b. DATE   23c. MIRE OF CEMETERY OF CREMENTORY   25d. LOCATION (City, town. or county)   (State)  24. MARK DAMAGE   MARK   25d.	AK O	FICATIO			<i>U</i>			442X	PERFORMED?
WHILE AT WORK  21. I attended the deceased from    So o   m on the date stated above; and to the best of my knowledge, from the causes stated.    22a. SIGNATURE	ly rel	3			. DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of injury in Part I or P	art 11 of item 18.)	
WHILE AT WORK  21. I attended the deceased from    So o   m on the date stated above; and to the best of my knowledge, from the causes stated.    22a. SIGNATURE	casual Y BL,		INJURY a.m.	onth, Day, Year					· · · · · · · · · · · · · · · · · · ·
Death occurred at    Death occurred at	ust be SE ON!	ME	WHILE AT [ NOT WHILE		INJURY (e.g., in or aboutory, street, office bldg., et	t home, 20f. CITY, TOWN,	OR LOCATION	COUNTY	STATE
Death occurred at 1500 m on the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  (Degree or title)  22b. ADDRESS  22c. DATE SIGNED  22c. DATE SIGNED  23d. LOCATION (City, town, or county)  (State)  BUNDAL HAM 9 7 3 COUNTY  24. FORERAL DIRECTOR  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  27. DATE RECD. BY LOCAL REG.  27. DATE RECD. BY LOCAL REG.  28. REGISTRAR'S SIGNATURE  28. REGISTRAR'S SIGNATURE	Ē Þ		21. I attended the dece	ased from	7/51.	10 May S-	5 and last saw	her alive on	-/-57
23a. BURIAL, CREMATION, 23b. DATE RECO. BY LOCAL REG. 25. LOCATION (City, town. or county) (State)  24. COMERAL DIRECTOR  ADDRESS  WAS BANKING BOWLING VIEWS (6-27-57) Mrs Clerence Prientry  STATE BANKING BOWLING VIEWS (6-27-57) Mrs Clerence Prientry	į,				<u> </u>				the causes stated.
Burial Hay 9793 Farrier Lincoln 60, 111)  24. JONERAL DIRECTOR DOBESS In 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  Trace Bankley Bowling Trus 6-27-57 Thra Clarence Rienter	. <u>.</u>	7		Math	eud he	0 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Nay G	cear the	22c. DATE SIGNED
5 Grace Banklead Bowling Green 6-27-57 Thro Clerence Prientry	9 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23a	BURIAL, CREMATION, 236.	au 9785	23c MARE OF CEMETE	RY CHEMMTONY	230 LOCATION (CHI	town. or county)	1-11 )
(Licensed Egitolimer's Statement on Reverse Side)	• •	24.	ONERAL DIRECTOR	A COMPANY	1 - 4 m	25. DATE RECD. BY LOCAL	REG. 26. REGISTRAI	S SIGNATURE	1:1-
	7 - J		THE PARTY OF THE P	(L	Icensed Egibalmer's	Statement on Reverse	Side)		rungy

## STATEMENT BY LICENSED EMBALMER

I hereby certify	that the body wi	hose name i	s recorded on t	the reverse	side of this certifi	cate was
by me, or by	·····				., Student Embalme	er No
working under my per	- sonal supervision	on.,				•

Student Signature of Student Embalmer Signed Jarael C. King

P. O. Address Genda

Licensed Embalmer No. 4.3

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.