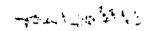
RI	DI	DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 59-0211	13 ,
DED		Registration District No. 187 Primary Registration District No. Registrar's No. 168 STATE FILE NUM	BER
	<u> </u>	1. PLACE OF DEATH a. COUNTY Henry 2. USUAL RESIDENCE (Where deceased lived. If institution: Real County Henry	admission)
		- white	Inside Limits Yes No Reside on Farm
		HOSPITAL OR A ADDRESS	Yes 😭 No 🗌
	7	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) WICHAEL ELLGENE DOVE	1959
		5. SEX 6. COLOR OR RACE 7. Merried Never Merried B. DATE OF BIRTH 9. AGE (last bighday) IF UNDER 1 YEAR Wildowed Divorced 1956 Norths Days	IF UNDER 24 HR Hours Min.
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (City and state or country) 12. CITIZEN OF W	HAT COUNTRY
		136. FATHER'S NAME Serald Dove Serma Ruseh 14. NAME OF HUSBAND OR WIFE	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Linda	91. MD_
	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIVCULATORY Failure	erval between set and death 2 -3 Yind
	DOC		7Hrs
-		which gave rise to above cause (a), stating the underlying cause last.) DUE TO (c) Stolonged Anoxi 2 duving Labor + A	9/1/13
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decessed we there a pregnance of the property of the part I (a) Yes No.	yas female was y in last 90 days.
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased we there a pregnance of the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART	1
		20c. TIME OF Hour Month, Day, Year INJURY a.m.	
		20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK NOT WH	STATE
		21. I attended the deceased from. Jealy 1 - 27, to Jackey 1 5 and last saw her him alive on the	59
	P.	Death occurred at m on the date stated above, and to the best of my knowledge, from the cause 22b. ADDRESS	ses stated. 22c. DATE SIGNED
			674/y 59
	AFFIDAVIT	REMOVAL (Specify) 7-2-59 California Sodal California Address 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	mo
	BY A	me Laughlin Bros Sodalia Hally 8-59 Mildred B	igam
		(Licensed Embalmer Statement on Reverse Side)	U



STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose nam	ne is recorded on the	e reverse side of this certificate was embalmed
or b	oy		, Student Embalmer No
wor	king under my personal supervision.		KP.M.L.
Stud	lent	Signed	

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

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.

Signature of Student Embalmer