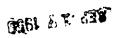
| | | VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 59-029926 | |
|------------|--|--|--|
|]]. DED | LE | NS SEP 1 4 19592 4 Primary Registration District NoRegistrar's No STATE FILE NUMBER | |
| 1 |] | 1. PLACE OF DEATH a. COUNTY DACK 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY DANK admission) | |
| | | b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b CR TOWN | |
| | | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HISPITAL OR Yes No X Reside on Farm Yes No X | |
| | | 3. NAME OF DECEASED First Middle Hennaun 4. DATE Month Day Year OF DEATH 9- 5- 59 | |
| | | 5. SEX 6. COLOR OR RACE 7. Married A Nover Married B. DATE OF BIRTH Widowed Divorced Divor | |
| | | 10a. USUAL OCCUPATION (Give kind of work done to kind of work done to kind of work done to kind of working life, even if retired) Kesant Cuner Kesant Websten Crove, Ma V.S.4. | |
| | | 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| | | (Yes, no, or unknown) (If yes, give war or dates of service) 496-28-5157 NAdine Hermann, Webster Goose, Ma | |
| | UMEN | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Nock Skull Fracture Instant | |
| | Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (b) Fractures of Legs Left Arm DUE TO (c) DUE TO (c) | | |
| | | 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 was female was there a pregnancy in last 90 days. Yes No Unknown | |
| | | 19. WAS AUTOPSY PERFORMED? YES NO TO | |
| | İ | 20c. TIME OF Hour Month, Day, Year INJURY | |
| | | 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE Representation of the country of the count | |
| | | 21. I attended the deceased from | |
| | IT OF | 220. SIGNATURE DO (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 9-6-05 | |
| + | AFFIDAV | REMOVAL (Specify) 9-7-59 Sunset Bunial Plank Websten Grove Mo. | |
| | BY AI | 24 FUNERAL DIRECTOR BADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE PLANES WITH MOS 7-12-59 Thank Maham | |
| | (Licensed Embalmer's Statement on Reverse Side) | | |



STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is re | corded on the reverse side of this certificate was embalmed b |
|---|---|
| or by | , Student Embalmer No |
| working under my personal supervision. | Signed John R. Usun |
| Student | Signed by but. (selle |
| Signature of Student Embalmer | Signed July 1 |

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