FILED	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	59-033146 STATE FILE NUMBER	
ED	Registration District No	4. po + 6.44	
	1. PLACE OF DEATH b. COUNTY 2. USUAL RESIDENCE (Where dece a. STATE b. CO S. STATE	unity dry and	
	b. CITY (If outside perporate limits, give TOWNSHIP only) CR TOWN Didease (Inches and 40 year TOWN Hide	Inside Limits Yes □ No 🗓	
	c. FULL NAME OF (IF NOT in hospital, dive location) Inside (mits d. STREET (IF ADDRESS NSTITUTION Yes No	cutside, give location) Reside on Farm Yes (No (
	3. NAME OF DECEASED First Middle Last 4. DATE OF OF DEATH	Month Day Year 10 - 3 - 1959	
	5. SEX 6. COLORGOT PACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last E Widowed Divorced 4-11-1886 73		
	10a. USUAL OCCUPATION (Give kind of work done during most of Jorking life, even if revired)	us A.	
	Navid archer Timenour a	Lasa Ticker	
	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 TONO LAND RELEVI	Tideon, mo.	
CUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH	
росп	Conditions, if any,) DUE TO (b) Will, falery Benjamation		
	which gave rise to above cause (a), stating the under-lying cause last. 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 we there a pregnancy in last 90 day	
	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PERFORMED?	<u>' </u>	
	ZOC. TIME OF Houl Month, Day, Year INJURY a.m. p.m.		
	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)	newworld by	
	21. I attended the deceased from 1-17-47, to 10-3-1959 and last saw him all Death occurred at 11:45 Pont, m on the date stated above, and to the best of		
P.	22a. SIGNATURE (Degree or title) 22b. ADORESS	22c. DATE SIGNI	
AFFIDAVIT	23a. BUDMAL, CREMATION, 23b. DATE 23c. NEMETERY OF CEMETERY OF CREMATORY 23d. LOCATION 2	Significant (Style)	
BY AFF	24. FUNERAL TRECTOR ADDRESS 25 DATE RECD. BY LOCAL REG. 26. REGIS	TRAR'S SIGNATURE	
I. I	(Licensed Embalmer's Statement on Reverse Side)	- 10 Hoger	

STATEMENT BY LICENSED EMBALMER

	, Student Embalmer No
orking under my personal supervision.	Signed Loud Russell
udent	Signed Si
Signature of Student Embalmer	
•• • • • • • • • • • • • • • • • • • •	Licensed Embalmer No. 509-6
·	#
	, P. O. Addres 1-9901,
···	P. O. Address Jagath,

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.