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disease condition given in PART I (a) Add there a pregnancy in last there a pregnancy in last state and the deceased from the causes stated above, and to the best of my knowledge, from the cause and the first above and	which gave rise to above cause (a), stating the under-	
20c. TIME OF Hour Month, Day, Year INJURY 6.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 10 farm, factory, street, office bldg., etc.) 21. I attended the deceased from 10', 30 A.M. m on the date stated above, and to the best of my knowledge, from the causes	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the term	minal PART III. If deceased was female
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Della S. Way. Local Registrar Services, Missoria 10-12 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME/OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town, or county) (State BRANCAL (Specify) 10/20/59 Lonesone Hell Cometern Lacles Co. M. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26/REGISTRAR'S SIGNATURE	Death occurred at 10:30 A.M. m on the date stated above, and to the	e best of my knowledge, from the causes stated.
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	hella L. May. Local Registran Letans	
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10 100 00 7/200 Tolo 00 100 20 1959 18 10 100	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26	REGISTRAR'S SIGNATURE
TRYINGAL IN ATTURE REACTIONAN TYOUTO AUTILIA IN TELEVILLE A TOURS	Danger in Howe Lebanon mo 10-20-1959	Klella L. May

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.	
Student	Signed Dorsey M. How
Signature of Student Embalmer	Licensed Embalmer No. 422

or by _______, Student Embalmer No.______

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

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.