	SION OF HEA		IDAKD GI	- -	00	7704 -		
ILED,	NS DECISTRICT NJ.	1 59 042	Primary Registration	District No	OORegistrar's No	1194	STATE FILE N	UMBER
_ -	1. PLACE OF DEATH	<u> </u>			1 2. USUAL RESIDE	NCE (Where decease	d lived. If institution:	Residence befor
1 '	001111777				• STATEMiss	•		admission)
I _	buci	nanan	MANUEL U.B. A. A.			ouri	^{TY} Buchanan	
	OR .	orporate limits, give TO	WNSHIP only)	Length of stay in 1	c. CITY OR TOWN C+			Inside Limits
	TOWN St.Jo	seph		13 years	ll town St	Joseph_		Yes 🛵 No [
	c. FULL NAME OF (If	NOT in hospital, give	location)	Inside Limits	! d. STREET	(If out	side, give location)	Reside on Farr
ł	HOSPITAL OR	1 11		Yes 🕅 No F	ADDRESS	11 0 No. 10+	h Ctmost	Yes No
I		Joseph Hosp	ntal		<u> </u>	18 No. 13t	n street	
	3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month Day	Year
ı	(Type or print)	DΛΛ	T FEST	क्रवच्चव	ADAMS	DEATH NOVE	mbon 27	1959
I —		ROY		RBERT		Nove	mber <u>27.</u> hday) IF UNDER I YEA	1979
5	5. SEX	6. COLOR OR RACE	7. Married (Widowed		5 I	·	Months Days	Hours Mi
	Male	Caucasian	WIDOWED	Disouced [_ TT\T8\T8\		S	1
10	0a. USUAL OCCUPATION			BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(City and state or cou	intry) 12. CITIZEN OF	WHAT COUNTR
D	during most of working	ng life, even if retired)	State U	osmital # c	DOKETH C-	+ M4 =	A 77 P A	
- <u>t</u>	Ret. Truck dri 3a. FATHER'S NAME	rver	13cace M	ospital # 2	Thevato co	unty, Miss	OUTE U.S.A.	
'`	ON THIS S INVINE		1			17. 1700	THE WAY TAR AN IN IN	-
1 _	Malborn C. A	ldams	Ma:	ry Viola Mo	organ	Mrs.M	ary E. Adams	L
15	5. WAS DECEASED EVE	R IN U.S. ARMED FORC	ES? 16. S	OCIAL SECURITY NO.	77. INFORMANT		Addens.	
(Y	Yes, no, or unknown) (If	yes, give war or dates	or service)	-14-4807	Mrs. Marv	E. Adams.	1218 No.1 St. Joseph	on ot.
⊢IJ¬	18. CAUSE OF DEATH	(Enter only one cause DEATH WAS CAUSED	per line for (a), (b),	-TH-HOO!	PHI S. PIGLY	Tie Ruding	are angebu ^e "	TEDVAL BETWEE
몺	PART I.					-	f 10	
		DEATH WAS CAUSED			_		[c	NSET AND DEAT
≨		DEATH WAS CAUSED			en soc	ر ک	"	NOEL AND DEAL
W C C				REBRAL	en su	٠.	"	MOEL AND DEAT
DOCO		IMMEDIATE CAUS	E (a) <u>C E 1</u>	rebral	enson	الملحمية	"	NOEL AND DEAL
DOCUM	Conditic which g	IMMEDIATE CAUS	E (a) <u>C E 1</u>	rebral	C IN FA	netion	"	NOEL AND DEAL
DOCOW	Condition which gabove	IMMEDIATE CAUS	E (a) <u>C E 1</u>	rebral	en Bou	netion	"	NOE! AND DEA!
DOCOM	Conditic which g above stating	IMMEDIATE CAUS	• (b) _ C (c)	rebral	en Bou	netion	"	NOEL AND DEAL
	Condition which grabove stating lying conditions	ons, if any, pave rise to cause (a), the under-tause last. Due 1	O (c)	OCARDIA	C IN FA		PART III. If deceased	2 MW
	Condition which grabove stating lying conditions	ons, if any, pave rise to cause (a), the under-cause last. Due 1	O (c)	OCARDIA	<u> </u>		PART III. If deceased	2 MIN DEAT
ICATION	Condition which grabove stating lying conditions	ons, if any, pave rise to cause (a), the under-tause last. Due 1	O (c)	OCARDIA	<u> </u>		PART III. If deceased	DAY -
ICATION	Condition which grabove stating lying conditions conditions to the condition of the conditi	ons, if any, pave rise to cause (a), the under-cause last. Due T	O (b) CONDITIONS CO	CARDIA	ATH but not related to	o the terminal	PART III. If deceased there a pregnt	DAY
ICATION	Condition which grabove stating lying conditions conditions to the condition of the conditi	ons, if any, pave rise to cause (a), the under-cause last. Due T	O (b) CONDITIONS CO	CARDIA	ATH but not related to	o the terminal	PART III. If deceased there a pregnt	DAY
CERTIFICATION	Condition which of above stating lying of PART II	ons, if any, pave rise to cause (a), the undertause last. Due 1 OTHER SIGNIFICAN disease condition gives the condition of the condition of the cause last.	O (b) CONDITIONS CO	CARDIA	ATH but not related to	o the terminal	PART III. If deceased there a pregnt	DAY
CERTIFICATION	Condition which grabove stating lying conditions conditions to the condition of the conditi	ons, if any, pave rise to cause (a), the understant last. DUE TO USE TO CAUSE (a), the understant last. DUE TO USE	O (b) CONDITIONS CO	CARDIA	ATH but not related to	o the terminal	PART III. If deceased there a pregnt	DAY
ICATION	Condition which go above stating lying of PART II	ons, if any, pave rise to cause (a), the under-rause last. Due 1 OTHER SIGNIFICAN disease condition gives the condition gives	O (b) CONDITIONS CO	CARDIA	ATH but not related to	o the terminal	PART III. If deceased there a pregnt	DAY
CERTIFICATION	Tondition which go above stating lying of part in the	ons, if any, pave rise to cause (a), the under-cause last. DUE 1 OTHER SIGNIFICAN disease condition gives the condition of the condition of the cause last.	O (b) T CONDITIONS CORE IN PART 1 (a) CIDE HOMICIDE ACE OF INJURY (e.g.	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	ATH but not related to	o the terminal D. (Enter nature of inj	PART III. If deceased there a pregnt	was female ancy in last 90 c
CERTIFICATION	Tondition which go above stating lying of part in the	ons, if any, pave rise to cause (a), the under-cause last. DUE 1 OTHER SIGNIFICAN disease condition gives the condition of the condition of the cause last.	O (b) CONDITIONS COVER IN PART 1 (a)	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	ATH but not related to	o the terminal D. (Enter nature of inj	PART III. If deceased there a pregne	was female ancy in last 90 c
CERTIFICATION	Condition which go above stating lying of part II 19. WAS AUTOPSY PEREORMED? YES NO 20c. TIME OF How INJURY e.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the under-rause last. DUE TO DUE	O (b) T CONDITIONS CORE IN PART 1 (a) CIDE HOMICIDE ACE OF INJURY (e.g.	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	OW INJURY OCCURRED	D. (Enter nature of in	PART III. If deceased there a pregna Ury in PART I or PART I	was female ancy in last 90 c
CERTIFICATION	IP. WAS AUTOPSY PEREORAED? YES NO 20c. TIME OF Hour INJURY e.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the under-rause last. DUE TO DUE	O (b) T CONDITIONS CORE IN PART 1 (a) CIDE HOMICIDE ACE OF INJURY (e.g.	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	OW INJURY OCCURRED	D. (Enter nature of in	PART III. If deceased there a pregna Ury in PART I or PART I	was female ancy in last 90 c
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P. Fer, M. DMEDICAL CERTIFI	Injury Occurred a Death occurred a	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the underresuse last. DUE TO DUE	T CONDITIONS CO	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	OW INJURY OCCURRED 20f. CITY, TOWN, OF	D. (Enter nature of in	PART III. If deceased there a pregna Ury in PART I or PART I	was female ancy in last 90 d No Unkn I of item 18.)
P. fer, M. DMEDICAL CERTIFICATION	Tonditic which gabove stating lying control of the part of the par	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the underresuse last. DUE TO DUE	O (b) T CONDITIONS CORE IN PART 1 (a) CIDE HOMICIDE ACE OF INJURY (a.g. m., factory, street, o	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	OW INJURY OCCURRED	D. (Enter nature of in	PART III. If deceased there a pregna program there a pregna program or PART I or PART I	was female ancy in last 90 c No Unkn I of item 18.)
Fer, M. DMEDICAL CERTIFICATION	Injury Occurred a Death occurred a	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the underresuse last. DUE TO DUE	T CONDITIONS CO	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	OW INJURY OCCURRED 20f. CITY, TOWN, OF	D. (Enter nature of in	PART III. If deceased there a pregna program there a pregna program or PART I or PART I	was female sincy in last 90 d No Unkn I of item 18.) STATE auses stated.
P. fer, M. DMEDICAL CERTIFICATION	Tonditic which of above stating lying of part II 19. WAS AUTOPSY PEREORNED? YES NO	IMMEDIATE CAUS ons, if any, lave rise to cause (a), the under- rause last. DUE 1 OTHER SIGNIFICAN disease condition give 20a. ACCIDENT SUI Month, Day, Year ED 20e. PL far work caused from 1	CIDE HOMICIDE ACE OF INJURY (e.g.m., factory, street, o	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	20f. CITY, TOWN, Of the date stated above, 1302.	D. (Enter nature of in	PART III. If deceased there a pregnicury in PART I or PART I	was female ancy in last 90 c No Unkn I of item 18.) STATE auses stated.
Fer, M. DMEDICAL CERTIFICATION	Condition which of above stating lying of part II 19. WAS AUTOPSY PEREORNED? YES NO 200. TIME OF HOUR INJURY OCCURR WHILE AT WORK NOT WHILE AT VORK NOT WHILE WHILE WHILE WHILE WHILE WHILE WHILE WHILE WHILE WHI	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the under- rause last. DUE 1 OTHER SIGNIFICAN disease condition give 20a. ACCIDENT SUE Month, Day, Year ED 20e. PL. far WORK 1	O (b) T CONDITIONS COven in PART I (a) CIDE HOMICIDE ACE OF INJURY (e.g., m, factory, street, o	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F 20b. DESCRIBE F 10., in or about home, ffice bidg., etc.) 10. Pam on on on on one of cemetery or	20f. CITY, TOWN, OF the date stated above, REMATORY	D. (Enter nature of initial less saw her him alive and to the best of m	PART III. If deceased there a pregnum	was female ency in last 90 c No Unkn I of item 18.) STATE 22c. DATE SIG ((-28-) (State)
P. fer, M. DMEDICAL CERTIFICATION	Condition which of above stating lying of part II 19. WAS AUTOPSY PEREPRAD? YES NO 20c. TIME OF Hour INJURY OCCURR WHILE AT WORK NOT WHILE AT VORK NOT WHI	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the under-rause last. DUE 1 OTHER SIGNIFICAN disease condition give the condition give the cause last. Due 1 OTHER SIGNIFICAN disease condition give the cause last. Due 1 OTHER SIGNIFICAN disease condition give the cause disease condition give the cause disease condition give the cause disease	O (b) T CONDITIONS COren in PART I (a) CIDE HOMICIDE ACE OF INJURY (e.g.m, factory, street, o	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	20f. CITY, TOWN, OF the date stated above, REMATORY	D. (Enter nature of initial less saw her him alive and to the best of m	PART III. If deceased there a pregnum	was female ancy in last 90 c No Unkn I of item 18.) STATE 22c. DATE SIG
AFFIDAVIT OF SILAR FER, M. D. MEDICAL CERTIFICATION	Condition which of above stating lying of part II 19. WAS AUTOPSY PEREPRAD? YES NO 200. TIME OF HOUR INJURY OCCURR WHILE AT WORK NOT WHILE AT VORK NOT WHILE WHILE WHILE WHILE WHILE WHILE WHILE WHILE WHILE WHIL	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the under-rause last. DUE 1 OTHER SIGNIFICAN disease condition give the condition give the cause last. Due 1 OTHER SIGNIFICAN disease condition give the cause last. Due 1 OTHER SIGNIFICAN disease condition give the cause disease condition give the cause disease condition give the cause disease	O (b) T CONDITIONS COven in PART I (a) CIDE HOMICIDE ACE OF INJURY (e.g., m, factory, street, o	CARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F	20f. CITY, TOWN, OF the date stated above, REMATORY	D. (Enter nature of initial less saw her him alive and to the best of m	PART III. If deceased there a pregnum	was female ancy in lest 90 d No Unknot of item 18.) STATE J 9 5 auses stated. 22c. DATE SIGI (1-28-3 (State)
WILL BY FER M. DIMEDICAL CERTIFICATION	Condition which of above stating lying of part II 19. WAS AUTOPSY PEREPRAD? YES NO 20c. TIME OF Hour INJURY OCCURR WHILE AT WORK NOT WHILE AT VORK NOT WHI	IMMEDIATE CAUS ons, if any, pave rise to cause (a), the under- rause last. DUE 1 OTHER SIGNIFICAN disease condition give 20a. ACCIDENT SUE Month, Day, Year ED 20e. PL. far WORK 1 23b. DATE 11/30/59	O (b) T CONDITIONS COren in PART I (a) CIDE HOMICIDE ACE OF INJURY (e.g.m, factory, street, o	DCARDIA OCARDIA ONTRIBUTING TO DE 20b. DESCRIBE F 20b. DESCRIBE F 20b. DESCRIBE F 20b. DESCRIBE F 20c. DESCRIBE F 20c	20f. CITY, TOWN, OF the date stated above, REMATORY	D. (Enter nature of initial less saw her him alive and to the best of m	PART III. If deceased there a pregnum	was female ancy in last 90 d No Unkn I of item 18.) STATE J 9 5 auses stated. 22c. DATE SIG (1-28-) (State)

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No. #6:

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embal
or by	
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Charles & Benned

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 embalmed by a STUDENT, he also shall sign in his OWN has lift this body is not embalmed, fact should be so stated above.