1. PLACE OF DEATH  a. COUNTY  D. CITY (If ourside copposes limity and Nownship party)  D. CITY (If ourside copposes limity and Nownship party)  D. CITY (If ourside copposes limity and Nownship party)  D. CITY (If ourside copposes limity and Nownship party)  D. CITY (If ourside copposes limity and Nownship party)  D. CITY (If ourside copposes limity and Nownship party)  D. CITY (If ourside copposes limity and Nownship party)  D. CITY (If ourside, give location)  N. COUNTY  N. COUNTY  D. CITY (If ourside, give location)  N. COUNTY  N. COUNT	BER	STATE FILE NU	7 —	6 Registrar's No.	gistration District No. B	34 primar	FEB 23 1960
B. COUNTY    D. CITY   If outside cognosite limit, the TOWNSHIP only)   Length of stay in   D. C. CITY   D. C							
D. C. CITY (If cottside, copporate limity are TownSHIP goly)  Lange of stay in 1)  C. C	rsidence	l. If institution:		II =	0 -		
Continued   Cont	admiss	ottin.	b. COUNTY	a. STATE 7/17	mintel	MANAI	a. COUNTY
TOWN   STREET   Control	Inside I	angrasa			nly) Length of stay	ate limit, dive TOWNSHI	b. CITY (If outside co-
NAME OF DECASED   STATE   No.   No	Yes 📂		with the	TOWN	M. 18-711	Het -	CAMPANY
3. NAME OF DECEASED  (Iype or print)  3. NAME OF DECEASED  (Iype or print)  3. NAME OF DECEASED  (Iype or print)  (Iype or print)  3. NAME OF DECEASED  (Iype or print)  (Inc. USUAL OCCUPATION (Give kind of work done done done)  (Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	Reside o	ive location)	(If outside.	d. STREET	Inside	in hospital, give location	FULL NAME OF UT
3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OB RAGE (Type or print)  7. Married (1) Mex. Married (2) Divorced (3) Divorced (4) Divorced (4) Divorced (5) Divorced (7) Divorced (8) Divorced (8) Divorced (9) Divorced (10) Divorced (11) Divorced (12) Divorced (13) Divorced (14) Divorced (15) Divorced (16) Divorced (17) Divorced (17) Divorced (18) Divorced (19) Divorced (19) Divorced (19) Divorced (19) Divorced (10) Divorced (10) Divorced (10) Divorced (10) Divorced (11) Divorced (11) Divorced (12) Divorced (13) Divorced (14) Divorced (15) Divorced (16) Divorced (17) Divorced (17) Divorced (18) Divorced (19) Divorced (19) Divorced (19) Divorced (19) Divorced (19) Divorced (19) Divorced (10) Di	Yes 🔲	•	,	ADDRESS	1 LOL YOUR	0 - 1	HOSPITAL UR
S. SEX   6. COLOR OB RAGE   7. Married   More Married   1. DATE OF BIRTH   9. AGE (last birthday)   IF UNDER I YEAR				<u> </u>	MUNIOC	ver carry	
5. SEX  6. COLOR OB RAGE  7. Married   Michael Married   Michael	Y	th Day	, DATE Moi	Last	Middle	First	NAME OF DECEASED
10a. USUAL OCCUPATION (Give kind of work done of work done of working life, offin if retired)   12. CITIZEN OF WHAT I 10b. KIND OF BUSINESS OF INDUSTRY   11. BIRTHPLACE (City and teste or fountry)   12. CITIZEN OF WHAT I 13b. MAY "PPS MAIDEN NAME   13b	- 19	- 14	DEATH 2	anton	Mad	Ann	(Type or print)
Tide, USUAL OCCUPATION (Give kind of work done during grost of working life, eye in fretired)   Tide, USUAL OCCUPATION (Give kind of work done during grost of working life, eye in fretired)   Tide, EANJER'S NAME   Tide	IF UNDE	IF UNDER 1 YEAR	. AGE (last birthday)	DATE OF BIRTH	Married □ Never Mar	COLOR OF RAGE	SEX _
13b. FAPTIFES NAME   13b. MCQ - PYS MAIDEN NAME   1. NAME OF PRUSBAND OR WIFE   15. WAS DECRASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   1. NAME OF PRUSBAND OR WIFE   16. SOCIAL SECURITY NO. 17. INFORMANT   1. NAME OF PRUSBAND OR WIFE   16. SOCIAL SECURITY NO. 17. INFORMANT   1. NAME OF PRUSBAND OR WIFE   16. SOCIAL SECURITY NO. 17. INFORMANT   1. DEATH WAS CAUSED BY:    18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).   18. CAUSE OF DEATH WAS CAUSED BY:    18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).   18. CAUSE OF DEATH WAS CAUSED BY:    19. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).   18. CAUSE (e)	Hours	Months Days	8/2/04	1-22 1579		2/1/	1000
13b. FAPIER'S NAME   13b. MCQ - PYS MAIDEN NAME   14. NAME OF PRUSBAND OR WIFE   15. WAS DECEASED EVER IN U. ARABED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   14. NAME OF PRUSBAND OR WIFE   16. SOCIAL SECURITY NO. 17. INFORMANT   16. Address   16. SOCIAL	HAT COL	12. CITIZEN GE	and state or country	Y 11. BIRTHPLACE	KIND OF BUSINESS OF I	ve kind of work done 11	LISUAL OCCUPATION
13b. MCG 1-P75 MAIDEN NAME  13b. MCG 1-P75 MAIDEN NAME  15. WAS DECEASE EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, false war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. MAMEDIATE CAUSE (a)  10. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS AUTOPS (A)  10. DUE TO (b)  10. SOCIAL SECURITY NO.  10. INTER CAUSE (a)  10. MCG INTER CAUSE (a)  10. MCG INTER CAUSE (a)  10. SOCIAL SECURITY NO.  11. INFORMANT  12. INFORMANT  13b. MCG INTER CAUSE (a)  14. NAME OF RUSSAND OR WIFE  15. WAS AUTOPS (Farry)  16. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS AUTOPS (Farry)  10. DUE TO (b)  10. SOCIAL SECURITY NO.  11. INFORMANT  12. INFORMANT  13b. MCG INTER CAUSE (a)  14. NAME OF RUSSAND OR WIFE  15. WAS AUTOPS (Farry)  16. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS AUTOPS (Farry)  10. SOCIAL SECURITY NO.  11. INFORMANT  12. INFORMANT  12. INFORMANT  13b. MCG INTER CAUSE (A)  14. NAME OF RUSSAND  15. MCG INTER CAUSE (A)  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only on the cause of social service)  19. WAS AUTOPS  10. SOCIAL SECURITY NO.  10. INTER CAUSE (A)  10. SOCIAL SECURITY NO.  11. INTER CAUSE (A)  12. INTER CAUSE (A)  13b. MCG INTER CAUSE (A)  14. NAME OF RUSSAND  15. MCG INTER CAUSE (A)  16. SOCIAL SECURITY NO.  17. INTER CAUSE (A)  18. CAUSE (A)  18. CAUSE (A)  19. CAUSE (A)  19. CAUSE (A)  10. SOCIAL SECURITY NO.  10. INTER CAUSE (A)  11. INTER CAUSE (A)  12. INTER CAUSE (A)  13b.	1	17/ 0	6 m	2 000	M man D	fe, eyen if retired)	during grost of working
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(Yes, no, or unknown) (If yes, (five war or dates of service)    The conditions of t	_	OSBAND OK WIFE	14. NAME OF		I JO. MC PIPES MAIDI	1 . n1	. PANER'S NAME
(Yes, no, or unknown) (If yes, (five war or dates of service)    The conditions of t	aNA	son !	/ Jeale	allaski	Sarah	Unolas	X earne
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (a)  Conditions, If any, which gave rise to above cause (a), stating the underlying cause list.  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal flavor of disease condition gives in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal flavor of disease condition gives in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal flavor of disease condition gives in PART I (a)  PART III. If deceased was there a pregnancy from the cause was there a pregnancy from the cause was there a pregnancy or included the deceased from farm, factory, street, office bidg., etc.)  20c. TIME OF Hour Month, Day, Year NOTE WHILE AT WORK To the part of the deceased from farm, factory, street, office bidg., etc.)  21. I attended the deceased from farm, factory, street, office bidg., etc.)  Death occurred at County from the cause of the deceased from farm, factory, street, office bidg., etc.)  County ADDRESS  22a. SIGNATURE  Conditions, If any, which gave rise to (b), and (c).  PART III. If deceased was there a pregnancy from the cause of the county farm, factory, street, office bidg., etc.)  PART III. If deceased was there a pregnancy from the cause of the county farm, factory, street, office bidg., etc.)  22b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of I or PART II or PART II of I or PART II o		ddress 10	0 01 100	17. INFORMANT			WAS DECEASED EVER
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which gave rise to above cause (a) stating the underlying cause last.    DUE TO (c)							
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Secured at the stated the deceased from the dece			, and the same of	enned	ause un	Č	
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21. I attended the deceased from  Death occurred at  (Degree or title)    Comparison of the date stated above, and to the best of my knowledge, from the cause of	y in last	there a pregna	nter nature of injury in	W INJURY OCCURRED	JURY (e.g., in or about h	of any, prize to (b) prize to (c) [a], under last. DUE TO (c) [THER SIGNIFICANT CONsease condition given in the condition given g	which gas above constaining the state of the
228. SIGNATURE Diege or title)  228. SIGNATURE Diege W 22b ADDRESS  22b ADDRESS  22c ADDRESS  22c ADDRESS	y in last	there a pregna	nter nature of injury in	W INJURY OCCURRED	JURY (e.g., in or about h	if any, prise to (a), under last. DUE TO (b)  THER SIGNIFICANT CONsease condition given in it.  ACCIDENT SUICIDE  Month, Day, Year  20e. PLACE Of farm, fact	which gas above constaining the state of the
Priegel M Suntation mo 2	y in last	there a pregna	nter nature of injury in	W INJURY OCCURRED	JURY (e.g., In or about h street, office bldg., etc.)	of any, prise to (a), under last. DUE TO (b)  But TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  ACCIDENT SUICIDE  Month, Day, Year  20e. PLACE Of farm, fact	IP. WAS AUTOPSY PERFORMED? YES NO INJURY OCCURREN WHILE AT WORK NOT WHILE AT W
Priegel M Suntation mo 2	y in last	there a pregna	OCATION	WINJURY OCCURRED  201. CITY, TOWN, OR	JURY (e.g., In or about h street, office bldg., to	if any, prise to (a), under last. DUE TO (b)  But TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  ACCIDENT SUICIDE  Month, Day, Year  20e. PLACE Of farm, fact	which gas above containing the lying care part II.  IP. WAS AUTOPSY PERFORMED? YES NO DE N
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMEURY OF CREMATORY 23d. LOCATION (City gown, or county)	y in last  f item 18	there a pregna	OCATION	20f. CITY, TOWN, OR the date stated above, a	JURY (e.g., In or about h street, office bidg., etc.)	if any, rise to (b) prise to (c). There is a condition given in the condition given	which gas above containing the lying care part II.  PART II.  19. WAS AUTOPSY PERFORMED? YES OF NOTE HOUT NIJURY OCCURRET WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORL NOT WHILE WORL NOT WHILE AT WORL NOT WHILE WHILE WORL NOT WHILE WORLD WHILE WORD
238. BURIAL CREMATION, 23B. DATE 22B. NAME OF CEMERATOR COUNTY)  REMOVAL (Specify)  2 - 12 - 191	y in last  f item 18	there a pregna	OCATION	20f. CITY, TOWN, OR the date stated above, a	JURY (e.g., In or about h street, office bidg., etc.)	if any, rise to (b) prise to (c). There is a condition given in the condition given	which gas above containing the lying care part II.  PART II.  19. WAS AUTOPSY PERFORMED? YES OF NOTE HOUT NIJURY OCCURRET WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORL NOT WHILE WORL NOT WHILE AT WORL NOT WHILE WHILE WORL NOT WHILE WORLD WHILE WORD
I There we had - 1/2-1/2 Americal Market March 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y in last  f item 18  S  GO  CO  CO  CO  CO  CO  CO  CO  CO  CO	COUNTY	OCATION  St saw her slive on to the best of my know	201. CITY, TOWN, OR  B 1 9 196 00  The date stated above, a  22b ADDRESS  SHAPP	JURY (e.g., In or about h street, office bldg., etc.)  1960, to	If any, rise to (b) PLACE OF farm, fect	which gas above containing the lying care part II.  19. WAS AUTOPSY PERFORMED? YES NO UP  20c. TIME OF HOUR E.m. P.m. 20d. INJURY OCCURRET WHILE AT WORK NOT WHILE AT W  21. 1 attended the decorposite of
MILLIA - IU I IUU XTTNUUNNIO WINNIN XY IIWWWW IU IIIM	y in last  f item 18	COUNTY	OCATION  St saw her slive on to the best of my know	201. CITY, TOWN, OR  B 1 9 196 00  The date stated above, a  22b ADDRESS  SHAPP	JURY (e.g., In or about h street, office bldg., etc.)  1960, to	If any, rise to (b) PLACE OF farm, fect	which gas above containing the lying care part II.  19. WAS AUTOPSY PERFORMED? YES NO UP  20c. TIME OF HOUR E.m. P.m. 20d. INJURY OCCURRET WHILE AT WORK NOT WHILE AT W  21. 1 attended the decorposite of
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 HIGHERAR'S SIGNATURE ,	y in last  f item 18  S  GO  CO  CO  CO  CO  CO  CO  CO  CO  CO	COUNTY  COUNTY  COUNTY	OCATION  ST saw her alive on to the best of my know LOCATION (City sow	201. CITY, TOWN, OR  201. CITY, TOWN, OR  202. ADDRESS  225. ADDRESS  EMPTORY  226. ADDRESS  227. ADDRESS	JURY (e.g., In or about h street, office bldg., etc.)  1960, to	DUE TO (b) rise to (a), rise to (a), rise to (a), rise to (b) DUE TO (c)  THER SIGNIFICANT CON sease condition given in F  ACCIDENT SUICIDE  Month, Day, Year  20e. PLACE OF farm, fact  Control of the property of the proper	which gas above containing the lying care part II.  19. WAS AUTOPSY PERFORMED? YES NO UP  20c. TIME OF HOUR E.m. P.m. 20d. INJURY OCCURRET WHILE AT WORK NOT WHILE AT W  21. 1 attended the decorposite of

Licensed Embalmer No.3

## STATEMENT BY LICENSED EMBALMER

	I hereby certi	fy that the bod	ly whose	name is	recorded o	on the reve	rse side of	f this certificate was embalmed
, or by			* 1.	٠.		.**	* *	, Student Embalmer No
worki	ng under my p	ersona! supervisi	on.			P	1200	ord Louge
Studer					_ Sig	ned	liffe	ord Houge

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