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PART I.		~ (c,, (c,,				I tN1	
	IMMEDIATE CAUSE (a)	<u> </u>	elral	Lom	orrhae	e 3	TERVAL BETWEEN NSET AND DEATH 3 Lays.
which g above stating	ave rise to cause (a), the under-	·	terial h	ypertensi	m + eclus	acis y	tors.
PART II	. OTHER SIGNIFICANT CO disease condition given in	ONDITIONS COP 12 PART I (a)	NTRIBUTING TO DEAT	H but not related to	the terminal PART	there a pregnar	ncy in last 90 days.
19. WAS AUTOPSY PERFORMED?	20. ACCIDENT SUICIDE	HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED.	(Enter nature of injury in	1 - 1 -	i —
	Month, Day, Year				<u> </u>		
20d. INJURY OCCURR	ED 20e. PLACE of farm, fa	OF INJURY (e.g.	, in or about home, fice bldg., etc.)	201. CITY, TOWN, OR	LOCATION (Lear)	COUNTY	STATE
		years	4:ÓOA #	16-61 and	last saw her alive on	9-16-6	1
		ree or title)		22b. ADDRESS		wiedge, from the ca	22c. DATE SIGNED
Krauk	1236. DAYE	71.0.	OF CEMETERY OR CRE	Alban Majory 123	d. TOCATION (City, town	n, or county)	9-17-60 (State)
REMOVAL (Specify)	Sept. 19, 196		Grandview		Albany,	Missour	_
2	which go above stating lying of stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES □ NO 87 20c. TIME OF Hour INJURY OCCURR WHILE AT WORK NOT WHILE A	which gave rise to above cause (e), stating the underlying cause last. DUE TO (compared to the part of	which gave rise to shove cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS COIdisease condition given in PART I (a) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE PERFORMED? 20s. Month, Day, Year INJURY s.m. p.m. 20d. INJURY OCCURRED Year 20s. PLACE OF INJURY (s.g. farm, factory, street, of NOT WHILE AT WORK 21. I attended the decessed from 25 PLACE OF INJURY (s.g. farm, factory, street, of Death occurred at 22s. SIGNATURE 23s. BURIAL, CREMATION, PREMOVAL (Specify) 23b. DATE 23c. NAME 23c. NAME	which gave rise to shove cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT disease condition given in PART I (e) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HO PERFORMED?	which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to disease condition given in PART I (a) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. PERFORMED? YES NO &C. INJURY A.m. p.m. 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED MAILE AT WORK A.m. p.m. 20d. INJURY OCCURRED A.m. p.m. 20d. INJURY OCCURRED A.m. p.m. 21. I attended the deceased from A.T. p.m. p.m. p.m. 21. I attended the deceased from A.T. p.m. p.m. p.m. p.m. p.m. p.m. p.m. p	which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NOW NOW NORTH North, Day, Year INJURY OCCURRED. (Enter nature of injury in PART I (b) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED (Enter nature of injury in PART I (c) 20d. INJURY OCCURRED FOR SUICIDE HOMICIDE OF INJURY (e.g., in or about home, NOT WHILE AT WORK OF A CONTRIBUTION OF STREET, office bldg., etc.) 21. I attended the deceased from Death occurred at Contribution on the date stated above, and to the best of my known of the date stated above, and to the date stated abo	which gave rise to above cause (a), stating the underlying above cause (a), stating the underlying 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 (e) 19. WAS AUTOPSY PERCORMED? YES NO &T 20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, 20t. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 10 20e. PLACE OF INJURY (e.g., in or about home, 20t. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.) 21. I attended the deceased from 15 Nearly 1:00A no the date stated above, and to the best of my knowledge, from the caused the county of the county of the caused the county of the caused the county of the caused the caused the county of the caused th

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STATEMENT BY LICENSED EMBALMER

working under my personal supervision. Student Signature of Student Embalmer	or by	me	 	, Student, Embalmer N
	working under	my personal supervision.	l	7 1086
Signature of Student Embalmer			Cianais	January Co
	Student		 signed	200 grand p. Lev

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