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which ga	s, if any,) DUE TO (b		wax	www	scuro	200 2	- facts
which ga		b)				I	U
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	ve rise to					<u> </u>	
stating th	ie under- use last. DUE TO (c	c)					
	OTHER SIGNIFICANT CO		ONTRIBUTING TO D	EATH but not related to	the terminal PAR	T III. If deceased	was female wa
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						there a pregna	ncy in last 90 day
PERFORMED?	20a. ACCIDENT SUICIDE	E HOMICIDE	206. DESCRIBE	HOW INJURY OCCURRED). (Enter nature of injury	in PART I or PART II	of item 18.)
INJURY a.m.	Month, Day, Year						
· ·	200- BLACE	OF INITION (a.e.	a in or shout home	1 204 CITY TOWN OF	P LOCATION	COUNTY	STATE
WHILE AT WORK	farm, fa	factory, street, of	ffice bldg., etc.)	201. CITT, TOWN, OF	COCATION	CODIATI	SIAIE
NOT WHILE AT W	OKK []	J		1 1 2	b		
21. I attended the dece	eased from Depo	196	6, to <u>/ 2</u> -	-11-60 an	d lest saw him alive on.	13-11-6	0
Death occurred at.	_ 8 <u>= 0</u>			the date stated above,	and to the best of my kr	nowledge, from the c	auses stated.
23. SIGNATURE	(Degi	ree or title)		22b_ADDRESS	$\overline{\Omega}$		22c. DATE SIGNE
Wallar	e (pro	ente	es mo	() och	(Fort y	MO 12	-12-60
BURIAL, CREMATION,	23b. DATE		OF CEMETERY OR	CREMATORY	23d. LOCATION (City, to	own, or county)	(State)
Burial			sant Rid	ge/	Fairfax	Misson	ıri
	PERFORMED? YES NO D 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURRE! WHILE AT WORK NOT WHILE AT W 21. I attended the deco Death occurred at. 22a. SIGNATURE BURIAL, CREMATION, REMOVAL (Specify) Burial	19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO	PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? Pom. Pom.	19. WAS AUTOPSY PERFORMED? YES NO North North North 20c. TIME OF Hour INJURY e.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home farm, factory, street, office bidg., etc.) 21. I attended the deceased from Death occurred at 19 (a	19. WAS AUTOPSY PERFORMED? YES NO	19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO	19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by n
or by	, Student Embalmer No
working under my personal supervision.	_ Signed Thervin I Schooler
Student	_ Signed harvin Witchesler
Signature of Student Embalmer	

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.