JRI			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -60-	-0417	68	
HIL NDED		VS _r	VS DEC 5 1960 137 Primary Registration District No. 4218 Registrar's No. 298	STATE FILE NUN	ABER	
	<u> </u>	1	1. PLACE OF DEATH a. COUNTY A. STATE b. COUNTY B. COUNTY	If institution: R	tesidence before admission)	
			b. CITY (If outside corporate limits/give TOWNSHIP only) OR TOWN Length of stey in 1b OR TOWN C. CITY OR TOWN TOWN TOWN Length of stey in 1b OR TOWN T	et 4	Inside Limits Yes No	
		_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Corners of No No No No No No No N	e location)	Reside on Farm Yes No	
T		-3	3. NAME OF DECEASED First Middle UTN DOTMEN 4. DATE Month (Type or print) Racy Wilburn Dormen Death Mac	Day 26	1960	
		_	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH Widowed Divorced 4/3/1874 86	Onths Days	IF UNDER 24 HR Hours Min.	
			during most of working life, even if retired) Farm Hickory County 240	2. CITIZEN OF W	_ ' -	
		13	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14/ NAME OF HU 14/ NAME OF HU 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. INDEMANT Add	Doman	Darend	
); (Y	(Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).	remed Rt 1	ERVAL BETWEEN	
	DOCUMENT		IMMEDIATE CAUSE (a) CIrculatory Collaps		SET AND DEATH	
	00		Conditions, if any, which gave rise to DUE TO (b) Uremia	1 6	WK5	
+	+		above cause (a), stating the under- lying cause last. DUE TO (c)	tate 5	yrs_	
		ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH buy not related to the terminal dispersion given in PART II. YacTure right femu -		raf female was cy in last 90 days.	
		CERTIF	19. WAS AUTOPSY PERFORMED? YES NO ME TO THE PROPERTY OF THE PR	ART I or PART II o	of item 18.)	
		MEDICAL	20c. TIME OF Hou Month, Day, Year INJURY a.m. p.m.			
		·	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 5 farm, factory, street, office bldg., etc.)	COUNTY	STATE	
	.	35 T.	21. 1 attended the deceased from 920 Am on the date stated above and to the best of my knowle	// 25/6 edge, from the car	Uses stated.	
	T OF		22a. SUBNATURE (Degree or file) 22b. ABDRESS MISON D	no,	22c. DATE SIGNED	
	AFFIDAVIT	- <u>23</u>	230. BERIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 10 min, REMOVAL (SOCIETY) 1/1/2 8/60 Bastiet and pittsbu	or county)	(State)	
	BY AF	24 7	24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY JOCAL REGISTRAY'S SIGN Led Davis 4 for Linds Rov 28 1960 Willed	ed Bi	Frence	
•	(Licensed Embelmer's Statement on Reverse Side)					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by
or by	, Student Embalmer No
working under my personal supervision.	B c D _
Student	Signed Bartia
Signature of Student Embalmer	

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