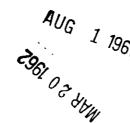
550	URI	ĐΙ	VIS	ION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-022116
	MENDED		L R	egistration District No. 274 Primary Registration District No. 305V Registrat's No. 199 STATE FILE NUMBER
			世 —	PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE No b. COUNTY Senten admission) Inside Limits
DATE AMENDED			 -	OR TOWN Sedaling 4 Days TOWN Cole CAMP Yes & No c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Yes No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Ves No
INSTEAD OF		DOCUMENT		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)
SHOULD READ		AVIT OF	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO Unknown Injury OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED WHILE AT WORK DEATH OF THE PART II of item 18.) 20d. INJURY OCCURRED DEATH OF THE PART II OF ITEM 18.) 20d. INJURY OCCURRED DEATH OF THE PART II OF ITEM 18.) 20d. INJURY OCCURRED DEATH OF THE PART II OF ITEM 18.) 20d. INJURY OCCURRED DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY OCCURRED DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF ITEM 18.) 20d. INJURY DEATH OF THE PART II OF
ITEM NO.		BY AFFIDAVIT	8	REMOTAL (Secrity) 6-21-61 Memor, at Park Central Secrity, 10011, at Colony, 10011,



STATEMENT. BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

working under my personal supervision.	0 1 8 10.11
Student	Signed & L Euchho
Signature of Student Embalmer	V -
	Licensed Embalmer No. 730
	P. O. Address Coly Comp Gu
	P. O. Address Gay Court Pu

If this body is not embalmed, fact should be so stated above.