SOURI	DI	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-043688	
AMENDED		Registration District No. 8 1962 Primary Registration District No. Registrat's No. 1331 STATE FILE NUMBER Registrat's No. 1331	
DATE AMENDED		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before e. STATE b. COUNTY Buchanan b. CUITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b OR TOWN DeKalb. 1 year C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Delivery Yes \(\begin{array}{c c} \ No \end{array} \end{array} USUAL RESIDENCE (Where deceased lived. If institution: Residence before e. STATE b. COUNTY Buchanan Admission)	
NSTEAD OF	DOCUMENT	3. NAME OF DECEASED (Type or print) SALLY TSABETLE MATTHEWS 5. SEX 6. COLOR OR RACE White Widowed Divorced Di	
SHOULD READ?	VIT OF	DUE TO (c) DUE	
ITEM NO.	BY AFFIDAVIT	BUTTAI 121961 Bethel Cometary Dakalh Manure ADDRESS 25. DATE-RECD. BY LOCAL REG. 25. REGISTRAR'S SIGNATURE ADDRESS 25. DATE-RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

i nereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by t
perby	, Student Embalmer No
working under my personal supervision.	215
StudentSignature of Student Embalmer	Signed Students
	Licensed Embalmer No. 3986
	San All San A

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.