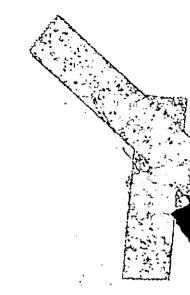
			ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62-047836
	RTMENT O	F PUE	Registration District No. 272 Primary Registration District No. 59/2 Registrat's No.	STATE FILE NUMBER
DO NOT WRITE ON THIS STUB	AMENDE	D	TAN 9 1062	
VS 300	ا ا ا وا	1	PLACE OF DEATH COUNTY STATE D. COUNTY COUNTY	d. If institution: Residence before admission)
Rev. 4/59	ENDED		b. CITY (If outside comprate limits, give TOWNSHIP only) OR TOWN Length of stay in 1b c. CITY OR TOWN TOWN Length of stay in 1b	Inside Limits
10780		,		Yes No A
20180	DATE		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION A Inside Limits Yes No	Yes No 🗆
3377			3. NAME OF DECEASED (Type or print) First Middle Last (OF DEATH)	
4,2,7			5. SEX 6. COLONOR RACE 7. Married Never Married 8. DATE OF BIRTH Widowed 10-19-97 6. SEX	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
67	إ		10a. USUAL OCCUPATION (Siff kind of work done during most of working fife, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
7-19			130. FATHER'S NAME 130. MOTHER'S MAIDEN NAME 14. NAME OF H	USBAND OR WIFE
8 7 0	2	1	(Ver are as unbassable) (16 year give were as dates of applica)	Address
* 19522 X	שַׁן שַּׁ		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	JELLEKF 2 INTERVAL BETWEEN
10:	<u> </u>	CUMEN	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1100	AD OF	DOCUA	Conditions, if any, 1 DUE TO (b) Pulmonam ledena	danie
1298 - 1	2 5		which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	γ
	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	II. If deceased was female wa there a pregnancy in last 90 days
j.			JI I I I I I I I I I I I I I I I I I I	Yes No Unknow
NO			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PERFORMED? YES NO	PART I or PART II of item 18.)
			20c. TIME OF Hou Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED . WHILE AT WORK . Street, office bldg., etc.) NOT WHILE AT WORK . Street, office bldg., etc.)	COUNTY STATE
LAC REFERENCE	READ		21. I attended the deceased from 12/4/62, to 12/4/62 and last saw him elive on 1	12/4/62
M			Death occurred at	vledge, from the causes stated.
USE BLACK OR TYPEWRITER	алоонѕ	VIT OF	Resident Barbert (Degree or title)	2/04.62
-	Ö	DAV	236. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City, town	n, or county) (State)
	X X	AFFIDA	2A) FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SI	GNATURE
	116/	₩	Germon tuneral Home Stulen 1-3-63 Esther	Callens
		-	(kicensed Embalmer's Statement on Reverse Side)	

, st



STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	
udentSignature of Student Embalmer	Signed Jim F. M. Cline
Spicial Constant	Licensed Embalmer No. 3/04
	P. O. Address Stule, Max

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