٨	AISS	OU	RI D	IVI:	SION OF HEALT	TH - STAND	ARD CERT	IFICATE O	F DEATH	•	_		
DEP	ARTM	ENT	OF P		HEALTH AND WELF	'ARE 1.37 N.	Danistantan Di	30	23 Registrar's No	10-	<u> हरें हुई</u>	STATE FILE NU	MBER
DO NOT WRITE ON THIS STUB		AMENI	DED M	d۴	legistration District No.		mary Registration Dis	TITICT NO.	Kegistrar's No				
				<b>-</b> 1	PEACE OF DEATH	)			2. USUAL RESIDE	NCE (What P		I institution:	Residence before
VS 300	요				. COUNTY . Her	цу			a. STATE	<b>4</b> 5.4		enry	admission)
Rev. 4/59	≥		1	-	b. CITY (If outside corpor	ste limits, give TOWN	SHIP only) Le	ngth of stay in 1b	c. CITY OR		•		Inside Limits
	AMENDED	1 1		Į.	TOWN Clin			6 DAVS		Clinton			Yes M No 🗆
10425	lա			-	c. FULL NAME OF (IF NOT HOSPITAL OR			Inside (imits	d. STREET ADDRESS	(1	f outside, give	location)	Reside on Farm
2 0425	DAT			I _	institutioc1 into	n Convales	tent Home	Yes 🔀 No 🗆	10	3 E. Eli	n St.		Yes D No M
3	2			-	NAME OF DECEASED (Type or print)	First	Midd	dle	Lest	4. DATE OF	Month	Day	Year
		]		1_		Gertrude	Estelle	Harne	88	OF DEATH	March 2	25 <b>. 1</b> 965	
4 /					5. SEX 6.	COLOR OR RACE		Never Married [	8. DATE OF BIRTH	9. AGE (last	t birthday)   IF	UNDER 1 YEAR	IF UNDER 24 HR Hours Min.
5 2		1				<u>hite</u>	Widowed 🔏	Divorced []	8/30/1875	Į.	89	6 25	
	,,			1	o. USUAL OCCUPATION (Give-during Li	e kind of work done	10b. KIND OF BUS	INESS OR INDUSTRY	1). BIRTHPLACE		or country) 12		WHAT COUNTRY
-6	ڲٚٳ			[_	Housekë éperine li				Henry Co.		<u> </u>	USA	
7 0	3			1	la. FATHER'S NAME		1	IER'S MAIDEN NAME	5	14.	NAME OF HUSI	BAND OR WIFE	
8 2	ᅙ			۱.,	John L. Warren  . WAS DECEASED EVER IN	ILE ABHED FORCES		Jenkins AL SECURITY NO.	17. INFORMANT		4818 44	Neno 1 071	
<del>-//</del> -	۶\			Ċ	es no, or unknown) (If yes,	give war or dates of		AL SECORITI NO.	Frances I	Para da		as City,	Mo
2 oot	쀭		l l₌	I –				[ (c).	Frances ;	suwarus,	Nettras		TERVAL BETWEEN
10 <sup>f</sup>	<u> </u>				18. CAUSE OF DEATH (Ent PART I. DE		R	1	Preumo	•		1 21	SET AND DEATH
	ᇣᆙ	1 1				MANAGOLATE CAUSE /-							
11	ଁ ଧିନ୍ଧ	1 1	⊋	1		IMMEDIATE CAUSE (a	NION.	CVETAC .	vicamo	~ ~ ~			-
	$\sim$ 1					•				,	<i>/</i> ).:		Scucrat
12 0/10	S RECO		II IŬ		Conditions, i which gave r	f any, DUE TO (I			otic H.	,	Discar		Scucrat
1286-0	w (~		II IŬ		Conditions, i which gave r above cause stating the	f any, DUE TO (I lise to ) (a), onder-	Actor			,	Diseas		Scucrat
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BLACK INK OR OR RITER RIBBON	AMENDMENTS ON THIS RE SHOULD READ INSTEAD		DOG IN	MEDICAL CERTIFICATION	Conditions, i which gave is above cause stating the unique part of the part of	f any, or construction of the condition given besse condition given according to the condition given besse condition given according to the condition given besse condition given according to the con	ONDITIONS CONTR in PART I (e)  The Homicide  OF INJURY (e.g., in fectory, street, office  I - G 3  Gree or title)	ibuting to Death  Post  20b. DESCRIBE HOV	H but not related to the property of the prope	the terminal control of the te	of injury in PA	If deceased there a pregnar  Yes   PRT   or PART     COUNTY  - 24 - County	was female was ney in last 90 days. No Unknown of item 18.)  STATE
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## STATEMENT BY LICENSED EMBALMER

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orking under n	ny personal s	supervision	١.		• •	_		
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					Signed	//	a. Van	sout
udent								

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."