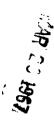
							LTH - STAND	ARD (	CERTIF	ICATE, O	F DEATH		G.	7 000	60	83
	RTM	ENT	OF	PUI		HEALTH AND WE	LEFARE/37 Prim	arv Registr	ation Distri	no. 42	18 Registrar's N	yo. 2	// <del></del>	STATE FILE	NUMBE	2
DO NOT WRITE ON THIS STUB	TE AMENDED IB				_	FILED W	ID 13 10c2	ory Region	011011 011111	., 110						<u> </u>
VS 300 Rev. 4/59	DED				1	a. COUNTY HER	TY  porate limits, give TOWNS	UID ==()	Llass	th of stay in 1b	a. STATE Me			ved. If institution Benton	a	dmission)
1 0 10 1	AMENDED					town Wind	sor		- 1	months	OR TOWN	Warsav			Ye	s □ No 🔼
1 0421 2008 0	DATE /	1 1				HOSPITAL OR	NOT in hospital, give locati Windsor Hos	•	1	Inside Limits Yes 🗮 No 🗆	d. STREET ADDRESS	R. F.		, give location)	i	side on Farm s 🔀 No 🗆
3	1	$\dagger \dagger$		+	-3	. NAME OF DECEASED	First		Middle		Last	4. DATE	N	Nonth D	ıy	Year
						(Type or print)	DAISY		DEAN	1 (	GREEN	OF DEATH	Fe	bruary	28,	1967
-4 / 5 2					-5	. sex Female	6. COLOR OR RACE White	7. Marr Widov	ied ∏ N wed 🔼	ever Married  Divorced	1/14/18	g11 _	(last birthday	Months Da		UNDER 24 HR
6	MS				10	during most of working Housewi	(Give kind of work done gulife, even if retired)	10b. KIND	OF BUSIN	ESS OR INDUSTRY	Cedar			12. CITIZEN		AT COUNTRY
7 /	FOLLOW			1	13	a. FATHER'S NAME	- •	1;	36. MOTHER	'S MAIDEN NAM			4. NAME OF	HUSBAND OR V	VIFE	
	ᅙ					William He				za Kest			Frank	L. Gre	eR	
_ = 2_	AS,						IN U.S. ARMED FORCES? yes, give war or dates of s		6. SOCIAL	SECURITY NO.	17. INFORMANT	T		Address	24.5	
9/538	F.		1		(Yes, po, or unknown) (IT yes, give war or dates of service) Willour Jennings, Warsaw,								SSOU TI			
10	ᄝᄱ			WEN	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF TOTAL CONSTANT ON THE CONSTANT OF THE CONSTAN									AND DEATH		
11	RECO FAD (			DOCL		Condition	ns, it and Dublik	ou	E/1	Adon	viral	Mos	alla	ses	8	mos.
<u> </u>	THIS INST		4	-		above c	rause (a), the under- the under- thouse last.	in	mi	act	Faras	. Ca	lon	./	4	JISKX
	S				NOI		OTHER SIGNIFICANT CO	NDITION: PART I (	S CONTRIB	UTING TO DEAT	H but not related	to the termi	nal PAR	T III. If decease there a pre	ed was egnancy	female was n last 90 days.
	Z		1		ICA.									☐ Yes	□ No	☐ Unknown
RIBBO	AMENDMENT		Ì		L CERTIF	19. WAS AUTOPSY PERFORMED? YES   NO	20s. ACCIDENT SUICIDE	номк		Db. DESCRIBE HO	W INJURY OCCURE	RED. (Enter nat	ure of injury	in PART I or PAI	tT 11 of i	tem 18.)
	AME				MEDICAL	20c. TIME OF Hour INJURY a.m. p.m.	Month, Day, Year		•							
						20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	☐   farm, fa	OF INJURY	Y (e.g., in c et, office b		20f. CITY, TOWN,	OR LOCATIO	N	COUNTY		STATE
A S E	READ			T OF		21. I attended the deceased from 7-7-66; to 2-28-67 and last saw her alive on 2-28-67										
<b>E E</b>	2					Death occurred at to the date stated above, and to the best of my knowledge, from the causes stated.										
USE BLACK OR TYPEWRITER	SHOULD					22a. SIGNAFORE	do m	A L	126	estur	32b. ADDRESS	un	lser	Ma	220	DATE SIGNED
	C	$\perp \perp$	$\dashv$	AFFIDAVIT	23	a. BURYAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-3-67			emetery or cre		23d. LOCAT	ion (city/to	wn, or county) Missoul	ri	(State)
	ITEM			BY AF		. FUNERAL DIRECTOR		RESS			FE RECD. BY LOCAL	REG. 26.	REGISTRAR'S	SIGNATURE	Bu	guno

(Licensed Embalmer's Statement on Reverse Side)

5 0 11



## 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,
or by	, Student Embalmer No
working under my personal supervision.	P P:00 1 91
StudentSignature of Student Embalmer	Signed Wifford Houge
	Licensed Embalmer No. 5014
	P. O. Address Windsor, Me.

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.