| DO NOT WRITE | AMEN | nen i | R. | HEALTH AND WE egistration District No | 121 Pri | mary Registration | District No. 30 | 2.3 Registrar's No | 320 | | NOMBEK . |
|---|---|--------------------|----------------------------------|---|---|---|--|----------------------|------------------------|--|---|
| ON THIS STUB | AMEN | DED | _ | FILED | AN 2 1968 | | | I o Hellar Beelbe | MOP AND I | ed lived. If institutio | D 11 1 1 |
| vs 300 | | 1 1 | 1 | . PLACE OF DEATH a. COUNTY | | | | a. STATE | NCE (Where deceased) | ed lived. It institution of the high state of th | admission) |
| Rev. 4/59 | AMENDED | | _ | | Henry | | | ll Mo | | Henry | |
| Rev. 4/3/ | | | Ì | OR | porate limits, give TOWN | ISHIP only) | Length of stay in 1b | c. CITY OR | | | Inside Limits |
| , | ₹ | | | | <u> Linton</u> | | | TÖWN | Clinton | | Yes □ No 🗓 |
| 0425 | H H | | İ | c. FULL NAME OF (If N HOSPITAL OR | NOT in hospital, give loc | ation) | Inside Limits | d. STREET ADDRESS | (If or | itside, give location) | Reside on Farm |
| 21/12/1 | 0420 PA | | INSTITUTION Clinton General Hosp | | | | | | Yes 🚹 No 🗌 | | |
| | / | | = | . NAME OF DECEASED | First | | Niddle | Last | 4. DATE | Month Da | y Year |
| 3 | ' 1 | | ا ا | (Type or print) | | | | | OF | _ | , 100 |
| 4 ^ | | | I — | | William | Augus | , | | Dec | 24, 1967 | CAR T IF UNIDER OF HE |
| 4 0 | | | 5 | . SEX | 6. COLOR OR RACE | 7. Married 🛭 Widowed [| | 8. DATE OF BIRTH | | Months Da | EAR IF UNDER 24 HR |
| 5 / | | | I | Male | White | 1 | | Dec.6,189 | | | |
| <u>, </u> | . | | 10 | a. USUAL OCCUPATION (duzing most of working | | 10b. KIND OF | USINESS OR INDUSTR | Y 11. BIRTHPLACE | (City and state or co | ountry) 12. CITIZEN | OF WHAT COUNTRY |
| 6 | <u></u> | | ! ! | Farmer | g me, even n remea, | | | Henry Co | | USA | |
| 7 0 | | | 13 | a. FATHER'S NAME | · · · | 13b. M | THER'S MAIDEN NAM | NΕ | 14. NA | AE OF HUSBAND OR W | /IFE |
| [| 회 | | 1 | August Hoppe | € | Chri | stina Wiela | ind | Mary | È. Hoppe | |
| 8 0 | ااو | | | . WAS DECEASED EVER | | | CIAL SECURITY NO. | 17. INFORMANT | • | Address | |
| 94200 | <u></u> | | (Y | es no, or unknown) (If) | yes, give war or dates of | 490 | 42 8333 | Mary E. Ho | ope.Rt.# | 5.Clinton,N | lo. |
| - · ·) | <u> </u> | | - | | (Enter only one cause pe DEATH WAS CAUSED BY | | and (c). | / | / | | INTERVAL BETWEEN ONSET AND DEATH |
| ו חו | - 1 1 | | | PARI I. | IMMEDIATE CAUSE (| | 14/11/01/ | 14 Tu | Thuck | Miner | Several 475 |
| 11 | AD OF | | | | IMMEDIATE CAUSE (| | Unicina. | mou | HUNG | minace | |
| | HIS REC | DOCUMENT | | - " | | | 2 | ton | 1.1 | , | 1 month |
| 12 / - /) | S R STE/ | | | which ga | ns, if any, DUE TO | (b) | umgir | more | · - Legg | | · my goops |
| 12 | Z Z | | | above c | ause (a), } he under- | | . 1 | 1 1i | . 6 | | |
| 13/-0 | | - | | lying ca | iuse last. J DUE TO | | plus. | .f _14 fil | 1110 | | |
| | 5 | | Š | PART II. | OTHER SIGNIFICANT disease condition given | CONDITIONS CO. | NTRIBUTING TO DEA | TH but not related t | o the terminal | PART III. If decease | d was female was gnancy in last 90 days. |
| | <u>2</u> | | ¥ | Puta. | <i>(</i> / | her | 1, - | • | Į | , | □ No □ Unknown |
| li | AMENDMENT | | CERTIFICATION | 19. WAS AUTOPSY | 20a. ACCIDENT SUICE | HOMICIDE | 20b DESCRIBE HO | W INTERV OCCUPATE | D (Enter nature of | njury in PART I or PAR | <u> </u> |
| - | <u> </u> | | ERT | PERFORMED? | 20a. Accident soic | | 200. DESCRIBE NO | W INSORT OCCURRE | D. (Liller Halore of F | INDIAN I OF TAK | 1 11 Of Helli 10./ |
| | | | | YES NO | | | | | | | |
| Z | <u></u> | | EDICAL | 20c. TIME OF Hour INJURY a.m. | Month, Day, Year | | | | | | |
| RIBBON | ` | 1 | ≱ EE | p.m. | | | | | | ,- | |
| BLACK INK OR RITER RIBBC | | 1 | | 20d. INJURY OCCURRE WHILE AT WORK | farm. | E OF INJURY (e.g factory, street, of | , in or about home, fice bldg., etc.) | 20f. CITY, TOWN, C | R LOCATION | COUNTY | STATE |
| * | | | | NOT WHILE AT W | /ÖRK □ | | • • • | | • | | |
| USE BLAC OR IYPEWRITER | READ | | | 21. Laftended the dec | nared from 12- | 17-6 | 7 10 12 | 24-67 | nd last saw her aliv | on 12-24 | -67 |
| 평 . [] | | | | / } | 810 | A | m on the | | | ny knowledge, from th | |
| <u>ա</u> ≥ | SHOULD | | 1 | | | | | | and to the best of t | ny kilowicaga, nom n | |
| USE | ŏ | | 1 | 22 SIGNATURE | 11/7/00 | gree or title) | 1 | 22b. ADDRESS | rd on | 1 10 | 22c. DATE SIGNED |
| | [☆ | | | MoleurII | H /lean | HU1-W | / | 1065.3 | I Clin | ron 1000 | 12-26-67 |
| | - | ≰ | 23 | la. BURIAL, CREMATION, | 23b. DATE | | OF CEMETERY OR CR | | | ty, town, or county) | (State) |
| | 9 | AFFIDA | 1 | REMOVAL (Specify) Burial | Dec. 27,196 | 7 Engle | wood Cemete | | Clinton, N | | |
| 1 | EW | 4 | 24 | , FUNERAL DIRECTOR | JA | DRESS | 25. DA | TE RECD. BY LOCAL | REG. 26. REGISTI | RAR'S SIGNATURE | |
| 1 | 빌 | B⊀ | 1 | Vansant Fur | neral Home, C | linton. M | o. De | c26,19 | 67 me | edred a | Degune |
| · · | 1 1 1 | 1 1 | ٠ _ | | | | | | . + | | - 7 |
| | | | | | | () I+c | nsed Embalmer's State | ment on Reverse Side | 1 | | • |

100

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is record | ded on the reve | erse side of this certificate was embalmed by me, |
|---|-----------------|---|
| or by Jue Was | id_ | , Student Embalmer No. 🔑 🗷 🌊 |
| working under my personal supervision. | | |
| Student Lee Stard | Signed | 7t. Lausant |
| Signature of Student Embalmer . | | Licensed Embalmer No. 2778 |
| | | P. O. Address Electory mo |

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.