BIRTH NO	TERESTAIN Z	2 1957			VIIH OF WISS				A ACIONO
1. PLACE OF DEATH 8. COUNTY 8. STATE 9. COUNTY 1. C	•	1002	STANDARD	CERTIF	ICATE OF D	EATH	State !	File No	44603
1. PLACE OF DEATH 1. COUNTY EXAS 1. COUNTY E	BIRTH NO		_ REG. DIST. NO.	<u>3557</u>	PRIMARY REG. DÍS	ST. NO. 6 2	OS Regist	rar's No	
D. CITY (If opublish corporate limits, write RUNAL and stree formalish) TOWN FRCE		TEXAS					here decessed liv	ed. If losti	advolation a
d. FILE NAME OF (IT and is broughed or lastituation, give street address or domation Description ADDRESS CEAR SPRINGS 3. NAME OF (First) D. (Middle) C. (Last) C. (Last) D. (Month) D. (Month) D. (Middle) C. (Last) D. (Middle) C. (Last) D. (Middle) C. (Last) D. (Middle) D. (Middle) C. (Last) D. (Middle) D. (Middle) C. (Last) D. (Middle) D. (Midd	. OR	RCE TU	township) STA	Y (in this-place)		J	Write RURAL an	d give towns	107-0
Type of Print TEBECC Howard Type	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in bospital or i				,		PRIM	ies
S. SEX			b. (Mide	1	. 11 -	FITER	OF T		
12. CITIZENCE/PHATE COUNTY) 13. BIRTHPLACE (Busto or tordigm cognitive) 13. CITIZENCE/PHATE COUNTRY) 13. BIRTHPLACE (Busto or tordigm cognitive) 13. CITIZENCE/PHATE COUNTRY) 13. BIRTHPLACE (Busto or tordigm cognitive) 13. CITIZENCE/PHATE COUNTRY) 13. MATE COLOR OF WEISE IN COUNTRY) 13. MATE COLOR OF WEISE IN COUNTRY) 13. MATE OF MUSBAND OR WIFE 13. MATE OF MUSBAND OR WIFE 14. NAME OF MUSBAND OR WIFE 15. DATE OF MUSBAND OR WIFE 16. SOCIAL SECURITY NO NE COUNTRY NO NOTES OF DATE 16. SOCIAL SECURITY NO NE COUNTRY NO NOTES OF NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NOTES OF NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NOTES OF NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NAME 16. SOCIAL SECURITY NO NE COUNTRY NO NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NAME 16. ADDRESS 16. SOCIAL SECURITY NO NE COUNTRY NO NAME 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. ADDRESS 21. HOW DID INJURY OCCURTY 22. AUTOPSY? 23. AUTOPSY? 24. DATE OF OPERA- 18. BURIAL CREMATURE 24. DATE OF CAME OF CAMERO OF CAMER	5. SEX / 6.		WIDOWED, DIVORC	MARRIED, ED (Specify)~	8. DATE OF BIRTH	.0//	9. AGE (In year)	Months	YEAR IF INDER II HE Days Hours Min
MARY TITERSON S.J., HOSTETTER DECESSE WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO	done during prost of works	ng life, even if retired)	10b. KIND OF BUSIN	ESS OR IN- DUSTRY	100	70 .	untry)		12. CITIZEN OF WHA
NO N	34. FATHER'S NAME	Luc	. 4.2.	RV +	NAME ATTERS ON	14. NAM	OF HUSBAND		·/ ¬
MEDICAL CERTIFICATION Contending to the door course of the above constituting to the death but not related to the disease or condition countries to the death but not related to the disease or condition countries to the death but not related to the disease or condition countries to the death but not related to the disease or condition countries to the death but not related to the disease or condition countries death. Sa. DATE OF OPERA- TION 1a. ACCIDENT SUCIDE HOMICIDE 1d. TIME MORICIDE 1d. TIME MOR			46		17. INFORMAN	T'S SIGNA	TURE OR NA	ME llowa	< a
*This does not mean the mode of dying, such as heart-fellure, eathering, the mode of dying, such as heart-fellure, eathering, the inderlying cause (a) stating the underlying cause last. DUE TO (c) COLUMN Conditions, if any, giring DUE TO (b) Auricular Fibrillation piec to the above cause (a) stating the underlying cause last. DUE TO (c) COLUMN CONDITIONS DUE TO (c) COLUMN COLU	Enter only one cause per	I. DISEASE OR CO	ONDITION A	EDICAL C	LETOTICATION	oronar	s Seve	ere	ONSET AND DEATH
DUE TO (c) DUE TO	This does not mean			(b) aw	icular	Fibrie	lation	ر /	of 3who
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19c. ACCIDENT SUICIDE HOMICIDE HOMICIDE 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. Time (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF (NJURY) 21f. HOW DID INJURY OCCUR? 22f.	cic. It means the dis-	rise to the above of the underlying car	ise last.	(c) Cer	ebral E	mbor	ism		of B 3 wis
TION	ion which caused death.			ıth.			4		//
HOMICIDE III. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK NOT WHILE AT WOR	9a. DATE OF OPERA- TION	19b. MAJOR FINI	DINGS OF OPERATION			4	420	r	
OF INJURY m. WHILE AT WORK NOT WHILE WORK 2. I hereby certify that I attended the deceased from 11/29, 1950 to 2/27, 1951, that I last saw the deceased alive on 2/28, 1951, and that death occurred at m., from the causes and on the date stated above. 3a. SIGNATURE 3a. SIGNATURE 3a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR ENEMBED AND CLEAR TOWN, 50 WN, or county) 1001 REMOVAL (REMA- 24b. DATE 24c. NAME OF CEMETERY OR ENEMBED AND CLEAR TOWN, 50 WN, or county) 1001 REMOVAL (REMA- 24b. DATE 24c. NAME OF CEMETERY OR ENEMBED AND CLEAR TOWNS, MD, ONLY OR COUNTY) 25. FUMERAL DIRECTOR'S SIGNATURE 2 ADDRESS ADDRESS ADDRESS 25. FUMERAL DIRECTOR'S SIGNATURE 2 ADDRESS ADDRESS ADDRESS	Ia. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TOWN, C	or Township)	(COI	JNTY)	(STATE)
alive on	id. TIME (Moods) OF INJURY	(Day) (Year) (WHILEAT NO	OT WHILE []		JRY OCCURT		;	
AS. BURIAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR STREEMFLINKY 2Ad. LOCATION (ETA), 50 Wn, dr county) (State) ONLY OF THE PROPERTY OF THE			-,			12/27 n the causes of	_,,		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	3a. SIGNATURE	B. Va	//4	neo ar tiye)	23b. ADDRESS	ow Sp	rings	110	23c. DATE SIGNED
	BURIAL	WAC. Z.S.	951 CLEAR				-Sa. (4.)		(State)
		REGISTRAR'S S	IGNATURE 433.	berto	25. FUNERAL DIR	CONS	Will	ow of	oringo, M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate	was emba	almed by m	ie, or	by	
***************************************	•					
working under my personal supervision	Student	Embalmer	No			

Licensed Embalmer No. 33 Student Embalmer

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 this body is not embalmed, fact should be so stated above.