		VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH						-60-042608			
ーニエル DED	J VS	DEC 1 3 1960 Registration District No		mary Registration	District No. 3.0.3	3Registrar's No.	186	STATE FILE N	JMBER		
	_ =	1. PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where deceased li	ved. If institution:	Residence before		
	I_	a. counTacle				a. STATE MO.		Lacled e :	admission)		
		b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of			Length of stay in 1b	c. CITY OR			Inside Limits		
	ľ	TOWN Leba	non		5 yrs.	II TOMBI -	banon		Yes 🖫 No 🗀		
11	1 -	c. FULL NAME OF (IF HOSPITAL OR	NOT in hospital, give loca	ation)	Inside Limits	d. STREET ADDRESS		, give location)	Reside on Farm		
	i _	INSTITUTION LO	uise <u>G. Wal</u>	llace	Yes 😾 No 🗅	II	.05 S. King	<u></u>	Yes Nex		
17	1-	3. NAME OF DECEASED	First		Middle	Last	4. DATE N	Nonth Day	Year		
		(Type or print)	Hiram	R	a.v c)ver	OF DEATH De	a. 7.	1960		
i	1 -	5. SEX	6. COLOR OR RACE	7. Married		8. DATE OF BIRTH	9. AGE (last birthday) IF UNDER 1 YEA	R IF UNDER 24 HR		
1		male	white	Widowed (☐ Divorced ☐	5-11-94	66	Months Days	Hours Min.		
11	1 7	10a. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF	BUSINESS OR INDUSTR		City and state or country) 12. CITIZEN OF	WHAT COUNTRY		
1		during most of working	ng life, even if retired)	fon.	u 4 m au	Annenoc	se Co. la	IISA			
	1 -	13a. FATHER'S NAME		13b. M	ning OTHERS MAIDEN NAM	i <u>appanoc</u>		F HUSBAND OR WIFE	•		
1 1		James John Over						_			
		15. WAS DECEASED EVER	IN II S APMED FORCES	1 BGJ	rtha Smith OCIAL SECURITY NO.	17. INFORMANT	Bertha	Address	- 		
11		(Yes, no, or unknown) (If	yes, give war or dates of	service) 707	-05-7204		.41				
11.	- 1	***	.NONE (Enter only one cause per			Mrs. Ber	tha Over,I	<u>epanon, M</u>	O		
THE PLANE	2	PART I.	DEATH WAS CAUSED BY	(: (a), (b),		- 0	. 0	2 2	NSET AND DEATH		
	¥	IMMEDIATE CAUSE (a) Cere has VAS cular ascident one week									
وال	3					•		•			
2	?										
)]	Conditio	ns, if any,) DUE TO ((b)		•		İ			
	,	which ga	eve rise to	[ъ)							
	,	which gabove of stating to	sve rise to l cause (a), the under-			<u> </u>					
	Ì	which go above of stating t lying co	sve rise to cause (a), the under- suse last. DUE TO	(c)	NIPIRITING TO DEAT	H but not related to	the terminal PAP	Till If decayart	was famile was		
	Ì	which go above of stating t lying co	sve rise to l cause (a), the under-	(c)	NTRIBUTING TO DEAT	H but not related to	the terminal PAR	T III. If deceased there a pregna	was female was ency in last 90 days.		
	Ì	which go above of stating t lying co	ave rise to tause (a), the under- suse last. DUE TO	(c)	NTRIBUTING TO DEAT	H but not related to	the terminal PAR	Till. If deceased there a pregni	ency in last 90 days.		
	Ì	which go above of stating t lying co	ove rise to cause (a), the under-ause last. DUE TO OTHER SIGNIFICANT (disease condition given	(c)CONDITIONS CO			the terminal PAR	there a pregna	No Unknown		
	Ì	which go above stating to lying compared to the part of the part o	ove rise to cause (a), the under-ause last. DUE TO OTHER SIGNIFICANT (disease condition given	(c)				there a pregna	No Unknown		
	L CERTIFICATION	which go above stating to lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NOT THE PERFORMENT PE	ove rise to cause (a), he undersuse last. DUE TO OTHER SIGNIFICANT disease condition given	(c)CONDITIONS CO				there a pregna	No Unknown		
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TWO DIN T	L CERTIFICATION	which g above stating it lying c. PART II. 19. WAS AUTOPSY PERFORMED? YES □ NO TO THE OF Hour INJURY a.m. p.m.	Acciping Guerran Control of Contr	CONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury	in PART I or PART I	ncy in lest 90 days. No Unknown of item 18.)		
tue and	L CERTIFICATION	which gradowe stating to lying compared to lying	Acciping Succional Month, Day, Year Due to Control of the Control	CONDITIONS CO	20b. DESCRIBE HO		. (Enter nature of injury	there a pregna	No Unknown		
n formant	MEDICAL CERTIFICATION	in the open control of the control o	Acciping Succional Month, Day, Year Due to Control of the Control	(c)	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury	in PART I or PART I	ncy in lest 90 days. No Unknown of item 18.)		
informant.	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NOT NUTURY 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	Acciping Significant of disease condition given 20a. ACCIPINT SIGNIFICANT of disease condition given Month, Day, Year D 20e. PLACE farm, YORK	(c)	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury	in PART I or PART I	ncy in lest 90 days. No Unknown of item 18.)		
in township	MEDICAL CERTIFICATION	which g above stating in the stating of the stating	Acciping Control of the Control of t	(c)	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury LOCATION d last saw him elive on	in PART I or PART I	No Unknown of item 18.) STATE		
	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NOT NUTURY A.m., p.m. 20c. TIME OF Hour INJURY OCCURRE WHILE AT WORK NOT WHILE WORK NOT	Acciping Control of the Control of t	CONDITIONS CO IN PART I (a) DE HOMICIDE E OF INJURY (e.g. factory, street, of	20b. DESCRIBE HO	w INJURY OCCURRED 20f. CITY, TOWN, OR 2760 and a date stated above, a	. (Enter nature of injury	in PART I or PART I	No Unknown I of item 16.) STATE		
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NA	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by	, Student Embalmer No
working under my personal supervision.	Air in Abbott
StudentSignature of Student Embalmer	Signed Sur M. Section
•	Licensed Embalmer Ng.

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