Description	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	59-0245 96
B. COUNTY Description Des	Registration District No. ———————————————————————————————————	STATE FILE NUMBER
CR TOWN J. C. FULL NAME OF ITINOT in hospital, give location Spite Limits d. STREET C. F. CONTRIBUTION Reside on I C. STREET C	1. FERGE OF BEATT	b. COUNTY Cooper adminion
3. NAME OF DECEASED First Middle Last DATE Mogth Day Yee No 5. SEX D. COLOR ON PACE 7. Married Divorced DIVORCED Mogth DATE	TOWN OR TOWN OR TOWN	Showe Yes X No
5. SEX 6. COLOR OB BACE 7. Married M. Never Married M. Never Married M. S. ADE OF SIRTH M. ADERIST DIFFUNDER I VAR. IF UNDER Months. I Months. If VAR. IF UNDER MONTHS. III. IF MARKE OF NOSWITH MARKET ON MARKET. III. III. IF MARKET OF NOSWITH MARKET. III. III. III. III. III. III. III. I		(If outside, give location) Reside on F Yes □ No
5. SEX 6. COLOR OB BACE 7. Marrisol of Never Married 8. DATE OF BIRTH 9. AGG-floth birthyde Die UNDER I VAR I F UNDER Widowed 10 brivered 10 brive	(Type or print) OF	Out 1/2 195
13b. MATHER'S NAME 13b. MOTHER'S MAIDON NAME 14. NAME OF HUSBAND OR WIFF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (AS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (AS CAUSED BY: IMMEDIATE CAUSE (a) 19. WAS AUTOPSY 19. More last. 19. WAS AUTOPSY 20a. ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. INJURY 20c. I	5. SEX 6. COLOR ON BACE 7. Married Never Married 8. DATE OF BURTH 9. AGE	Light birthde DIF UNDER 1 YEAR IF UNDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ago or unknown) (If yes, give war or deterof service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO (b) STANLING GENERAL SECURITY NO. 19. WAS AUTOPSY YES NO 19. WAS AUTOPSY YES NO 20. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK WORK 20. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STANLING AND WINDERS) 21. I attended the deceased from 7. 10.5 9 19. DESCRIBE (Deteror) 21. I attended the deceased from 7. 10.5 9 22. SIGNATURE (Defere or title) 22. SIGNATURE (Defere or title) 22. SIGNATURE (Defere or title) 22. DATE SECONE BY LOCAL REG. 26. ACCIDINAL (Sirk), Town, or county) 23. SURFAL, CREMATYON, 13b. DAJE (Defere or title) 24. SURFAL CREMATYON, 13b. DAJE (Defere or title) 25. DATE SECONE BY LOCAL REG. 26. ACCIDINAL (Sirk), Town, or county) 26. DATE SECONE BY LOCAL REG. 26. ACCIDINAL SIRVANCE (SIRK) SIRVA	during frost of working life, even freshed)	ne 21.5. a,
The control of the course of	unknown unknown	4. NAME OF HUSBAND OR WIFE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last of the part of the par	(Yes, no. or unknown) (If yes, give war or detay of service)	Address O LA Hand
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re-	corded on the reverse side of this certificate was embalmed
or by	, Student Embalmer No
working under my personal supervision.	Signed Robert L. Ga
·	Signed Koher a, Ca
Signature of Student Embalmer	

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

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.