INSTITUTION SECREASED OFF A. (Pirst) DEATH DEA	. TIED AUG 4		THE DIVISION OF H		URI	04459
1. FLACE OF DEATH b. COUNTY C. CITY CONNECTED C. CITY CO	FILLU AUG I	5 1956	STANDARD CERTI	FICATE OF DE	ATH Sta	to File No.
B. COUNTY D. CITY (If ourside corporate Unitar, write RURAL and drive to the County of TOWN	BIRTH NO		REG. DIST. NO. 224		10:3046 Re	gistrar's No. 55
G. FILL AME OF Control to beneficial or inativestices, dire street societies. G. FILL AME OF Control to beneficial or inativestices, dire street societies. STREET ADDRESS GI Frank, pre- lengther) S. STREET ADDRESS GI Frank, pre- lengther) B. CLIARY DECEASED PHILL P S. SE G. COLOR OR RACE 7. MARRIED, NEVER MARRIED, NEVER MARRIED, Willow, DIVORCEP (Opposited Willow) Married Divorcep (Opposited William) 10s. ISSIAN OCCUPATION (Control had of worth: 10s. PRESS OR IN 10s. ISSIAN OCCUPATION (Control had of worth) 10s. ISSIAN OCCUPATION (Control had occupated with the control had of worth) 10s. ISSIAN OCCUPATION (Control had occupated with the control had of worth) 10s. ISSIAN OCCUPATION (Control had occupated with the control had on the control had occupated with the control had on the control had on the control had occupated with the control had on the control had on the control had occupated with the control had on the control had on the control had occupated with the control had on the control had occupated with the control had on the control had occupated with the control had on the control had on the control had occupated with the control had on the control had on the		Moni	teau	a. STATE Mus		
d. FILL NAME OF CIPTON IN DESCRIPTION 3. NAME OF CIPTON IN COLOR RACE (Month) D. (Middle) 5. SEX C. COLOR OF RACE (Month) D. (Middle) 6. LETTINION 5. SEX C. COLOR OF RACE (Month) D. (Middle) 6. LETTINION 6.	OR	rporate limite, write Bi	URAL and give township) STAY (in this place	c. CITY OR TOWN Plus	silville	d. Is Residence within limits a city or foreir poraled town
Type or Print!	HOSPITAL OR	lignot in hospital or in		ADDRESS	(If rural, give location)	0680
13. STATE OF BIRTH 15. SECOLOR OR RACE 15. MASPIELD VENER MARRIED 15. BATE OF BIRTH 16. CALLY OR BATE 16. BATE OF BIRTH 17. BATE OF BIRTH 17. BATE OF BIRTH 17. INFORMANT S SIGNATURE 17. BATE OF BIRTH 17. INFORMANT		a. (First)	11	<i>P</i>	OF	(Month) (Day) (Yes
Column C		COLOR OR RACE	7. MARRIED, NEVER MARRIED, WILDOWED, DIVORCED (Breeds)	8. DATE OF BIRTH	9. AGE (JA)	Months Days Hours
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. DISEASE OR CONDITION 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME 18. ADDRESS 18. CAUSE OF DEATH 19. DISEASE OR CONDITION 18. CAUSE OF DEATH 19. DISEASE OR CONDITION 18. CAUSE OF DEATH 19. DISEASE OR CONDITION 18. CAUSE OR CONDITIONS 18. CAUSE OR CAUSE OR CONDITIONS 18. CAUSE OR CAUSE O	done with the most of world	ng life, even if retired)	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (C	Lity and State or Foreign	** 6
No. Magaret Jame Modes of Modes of Service o		BA	13b. MOTHER'S MAIDE		14. NAME OF HUSBI	UND OR WIFE
ANTECEDENT CAUSES **This does not meet me for (a), (b), and (c) **This does not meet me for (a), (b), and (c) **This does not meet me for (a) gring, such the mode of gring, such the mode of gring, such the mode of gring, such the above cruse (a) stating the underlying couse last. **DUE TO (c) **II. OTHER SIGNIFICANT CONDITIONS **Onditions contributing to the death but not related to the disease or condition cousing death. **Sa. DATE OF OPERA TION **II. ACCIDENT (Bpacity) **III. ACCIDENT (Bpaci	5. WAS DECEASED EVE Yee, ab, or unknown) (16	yes, give gar or dates			S SIGNATURE OR	NAME ADDRE
Morbid conditions, if any, giving DUE TO (b) In made of sping, such In means the dis- rate, injury, complica- tion which caused death. ISB. DATE OF OPERA- TION TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 10b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (s.g., in or aboust bome, farm, fastory, street, office bidg., see.) OF INJURY 21c. INJURY OCCURRED WINLEAT NOT WHILE WORK AT WORK 21 I hereby certify that I attended the deceased from AT WORK 22 I hereby certify that I attended the deceased from AT WORK 22 I hereby certify that I attended the deceased from AT WORK 23 I SIGNATURE OPERATION OPERATION MILEAT NOT WHILE WORK AT WORK 25b. ADDRESS OATE OATE	Enter only one cause per	I. DISEASE OR CO	ONDITION	certification	nis	inperval bet chset and de 4-4-ye
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the detail but not related to the disease or condition counting death. ISB. DATE OF OPERATION ISB. DATE OF OPERATION ISB. MAJOR FINDINGS OF OPERATION CORNTY TION 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, etreet, office bidg., etc.) HOMICIDE 21d. TIME (Mostb) (Day) (Tear) (Hour) (Hour) (Day) (Tear) (Hour) (Tear) (Hour) (Day) (Tear) (Hour) (Tear) (T	the mode of dying, such as heart failure, asthenia,	Morbid conditions	if any, alpina DUE TO (b)	,		
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF COUNTY	case, injury, or complica-	II. OTHER SIGNIF	DUE TO (c)			
SUICIDE HOMICIDE Dame, larm, lastory, etreet, office bidg., etc.) California, Worker C	19a. DATE OF OPERA- TION				C	CEX 20. AUTOPSY
INJURY WHILE AT MORK AT WORK 22. I hereby certify that I attended the deceased from 1-30, 1953, to 7-20, 1956, that I last saw the alive on 7-20, 1956, and that death occurred at 10, 25m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS California, Ule 25c. DATE 124c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 125d. REGISTRAR SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 25d. California 26d. REGISTRAR SIGNATURE 25d. FUNGRAND HECTOR'S SIGNATURE 25d. FUNGRAND HECTOR'S SIGNATURE 25d. ADDRESS 26d. ADDRESS 26d. ADDRESS 27d. LOCATION (Oity, town, or county)	21a. ACCIDENT SUICIDE HOMICIDE				forma, U	
alive on 7-20, 1956, and that death occurred at 6. ASm., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS California, Ule 8-8- 24a. BURIAL. CREMA- FIDER REMOVAL (Specify) 7-24-1956 Catholic Cemetery OR CREMATORY 24d. LOCATION (Oity, town, or county) DATE REPUBLY LOCAL REGISTRAR'S SIGNATURE 25. FUNGRAL DIRECTOR'S SIGNATURE ADDRESS	21d. TIME (Month) OF INJURY	(Day) (Tear) (WHILEAT IN NOT WHILE I	21f. HOW DID INJUR	V OCCURT	
23a. SIGNATURE (Degree or title) 23b. ADDRESS Calefornia, Ule 8-8- 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (Degree or title) 25. FUN ERAL DI RECTOR 8 SI FAATURE ADDRESS ADDRESS 26. DATE 27c. D			ne deceased from		•	•
DATE RECO BY LOCAL REGISTRAR SIGNATURE DE 1 AL PROPERTY DE LE		P1802	(Degree or title)		leforme.	Ule 8-8-5
Ola les lith be said III le that I le	THON REMOVAL CO-	" 7-24-		Pourtery	Paliforn	ia m
(Licensed Embalmer's Statement on Reverse Side)	0 7 a 7 REG		Paperses	Hugh	E Millian	us California

STATEMENT BY LICENSED EMBALMER

	I hereb	y certify	that the	body	whose	name	is	recorded	on	the r	everse	side	of th	is (certifica	te w	as e	mbalı
by m	e, or by	• • • • • • • • • • • • • • • • • • • •					·			•••••	••••	., Stu	ide nt	En	nbalmer	No.		- <i>-</i>

Signature of Student Embalmer

working under my personal supervision..

Licensed Embalmer No. 3.537

P. O. Address Californ Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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