PLACE OF DEATH S. COUNTY BATES D. COUNTY D. COUNTY BATES D. COUNTY D. CO	Pites una	10 10==	THE DIVISION OF HE				4
1. PLACE OF DEATH 2. COUNTY BY 1. S. COUNTY BY 1. BUTHAL and give a coverable of the county of the c	พยย วบพ	13 1950	STANDARD CERTIF	FICATE OF DE	ATH	State File No.	15827
B. CUNTY II obtained compressed limits, write BURAL and give woundless of the child phenology of the control of	BIRTH, NO.		REG. DIST. NO. 27	PRIMARY REG. DIST	. no.5005	Registrar a No	L0
D. CITY (II orbide corporate limits, write RURAL and give covamable) TORN BY HOLL TO	a. COUNTY, 72	TH	(1.7			meed lived. If in b. COUNTY	stitution: residence b
TOWN PLIFEY Town States of controlling the states address or location to the control of the cont		Tes'	DITENT OF LENGTH OF	11		BAT 4 1	Optes
1.6. PULL MAME OF III and in hospital of institution, give stress address or location in Institution But I/ex I Temporial Hosp. ADDRESS R.J.P. S. But I/ex III (I trush, give hospital) 3. NAME OF	OR 🚗	/er	🕮 👚 🗺 township) STAY (in this place)	NI (1)20	_	HAL SEE GIVE TOW	raship) 00
3. NAME OF DECCEASED D. (PIRS) DECCEASED TO	d. FULL NAME OF (HOSPITAL OR INSTITUTION			ll d. STREET	(If rural, give locati	**)	٠
Type or Print) S. SEX S. SEX				c. (Last)	U, V, \dots, U	(Month)	(Day) (Year
E. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED, 8. DATE OF BIRTH 9. AGE (III. best behinder) 1. Month of working involved of working to work of working life, went if retired) 10. KIND OF BUSINESS OR IN- 11. BIRTHPLACE (Blass or foreign operatory) 11. Gritten of working life, went if retired) 10. KIND OF BUSINESS OR IN- 11. BIRTHPLACE (Blass or foreign operatory) 12. CTITIEN (COUNTRY) 13. MOTHER'S MAINE 13. MOTHER'S MAINE 14. MARE OF MUSDAND OR RIFE 14. MARE OF MUSDAND OR RIFE 14. MARE OF MUSDAND OR RIFE 15. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 14. MARE OF MUSDAND OR RIFE 15. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 15. SOCIAL CERTIFICATION 16.		Janant	B. +10 -	Carnat	DEAT	. (Man)	
MIDOURCED (Opendaty) The Column of the Colu			E 1 7. MARRIED, NEVER MARRIED.	1 8. DATE OF BIRTH	<u> </u>	(In years of topon	4, 195 d
DE LOUIS OF COUNTRY OF MAJOR IN COLOR ENGINE SON IN COUNTRY OF MAJOR IN COLOR ENGINE IN COLOR	با(بيرسم	. ()	WIDOWED, DIVORCED (Specify)		last bb	thday) Months	Days Hours M
DUSTRY TAYME TO ME Ba. FATHER'S NAME PLUBEN CAFACT AND CAFACT ISS. MOTHER'S MAIDEN NAME PLUBEN CAFACT TO ME TO MEDICAL SECURITY TO INFORMANT'S SIGNATURE OR NAME AND CAFACT MEDICAL CERTIFICATION THE does not mean for (a), (b), and (c) "This does not mean the distance." If you make for above last inter on the mode of dying, such the starting forms on the death but not related to the deates or or ordition outsing death. II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS CONDITIONS OF OPERATION III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS CONDITIONS OF OPERATION III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS CONDITIONS OF OPERATION III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS CONDITIONS OF OPERATION III. OTHER SIGNIFICANT CONDITIONS CONDITIONS OF OPERATI						<u>, 10</u>	17 CITIZENCEW
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No.	Melben !	Garne 1	T I Hary Hay	Z INFORMACIO			
MEDICAL CERTIFICATION Interval procession per learning one course per learning on the course decided in the	(Yes. no. or unknown) (If		es of service) NO.	II. INFORMANT	SIGNATURE		ADDRES
Inter only one obuse per no for (a), (b), and (c) "This does not mean the destand per not one of define, such a heart follow, eathering for the above cause (a) stating the underlying cause last. Morbid conditions, if any, giving DUE TO (b) ARCINOMA ANCREAS + LIVER (UV) & heart follow, eathering for underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITION DUE TO (c) 12. OTHER SIGNIFICANT CONDITION DUE TO (c) 13. OTHER SIGNIFICANT CONDITION DUE TO (c) 14. ACCIDENT Follows and the disease or condition couring death. DUE TO (c) 15. OTHER SIGNIFICANT CONDITION DUE TO (c) 16. ACCIDENT Follows and the disease or condition couring death. DUE TO (c) 16. ACCIDENT SUICIDE (Bpacity) Per NOMICIDE DISEASE OR CONDITION ANTECEDENT (a) The underlying cause last. ACCIDENT SUICIDE (Bpacity) Per NOMICIDE DUE TO (c) 16. ACCIDENT SUICIDE (Bpacity) DUE TO (c) 17. TOWN. OR TOWNSHIP) DUE TO (c) 18. ACCIDENT SUICIDE (Bpacity) DUE TO (c) 19. MAJOR FINDINGS OF OPERATION 20. AUTOPS TYPE MAJOR (Bpacity) DUE TO (c) 10. OTHER SIGNIFICANT CONDITION DUE TO (c) 11. OTHER SIGNIFICANT CONDITION DUE TO (c) 11. OTHER SIGNIFICANT CONDITION DUE TO (c) 12. OTHER SIGNIFICANT CONDITION DUE TO (c) 13. OTHER SIGNIFICANT CONDITION DUE TO (c) 14. ACCIDENT SUICIDE DUE TO (c) 15. OTHER SIGNIFICANT CONDITION DUE TO (c) 16. ACCIDENT SUICIDE DUE TO (c) 16. ACCIDENT SUICIDE DUE TO (c) 16. ACCIDENT SUICIDE DUE TO (c) 17. HOW DID INJURY OCCUR? DUE TO (CITY, TOWN. OR TOWNSHIP) DUE TO (CITY, TOWN. OR TOWNSHIP) COUNTY) (COUNTY) (COUNTY) (STATE MORK (MORK) DUE TO (c) THE COUNTY (COUNTY) (COUNTY				1 H. K. G.	rnett	But	
*This does not mean the mode of dying, such the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III.	18. CAUSE OF DEATH	I DISEASE OF	MEDICAL C	CERTIFICATION	_		ONSET AND DEA
*This does not mean the mode of dying, such the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III.		DIRECTLY LEA	DING TO DEATH (a) (ARC	INOMATO	1515		
On which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. Pa. DATE OF OPERATION III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS III. DATE SIGNIFICANT SIGNIFICA	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-		ns, if any, giving DUE TO (b) A facuse (a) stating ause last.	BCINOMA PA	NCREAS +	LIVER	LUDET
18. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 18. ACCIDENT (Bpecity) 21b. PLACE OF INJURY (a.g., in or about home, farm, lactory, street, office bidg., sea.) 19. MAJOR FINDINGS OF OPERATION 20. AUTOPS 118. SUICIDE (Bouty) 21b. PLACE OF INJURY (a.g., in or about home, farm, lactory, street, office bidg., sea.) 10. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK A	tion which caused death.				AILURE "		4 DAYS
18. ACCIDENT (Bpacity) 21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE 10. TIME (Month) (Day) (Tear) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK AT WORK 2. I hereby certify that I attended the deceased from A PRILZY, 1850, to LUAE3, 1850, that I last saw the decalive on LUAE3, 1950, and that death occurred at 2:29 Mm., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23b. ADDRESS (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (SI ATE REC'D BY LOCAL REGISTRAR'S SKRNATURE ADDRESS (LANCE TO BY LOCAL REGIST	19a. DATE OF OPERA-			CACCACA	7	· · · · · · · · · · · · · · · · · · ·	20. AUTOPSY1
13. ACCIDENT SUICIDE SUICIDE COUNTY) 14. ACCIDENT SUICIDE HOMICIDE 15. CITY, TOWN, OR TOWNSHIP) 16. CITY, TOWN, OR TOWNSHIP) 17. COUNTY) 18. ACCIDENT SUICIDE HOMICIDE 18. ACCIDENT COUNTY, street, office bldg., etc.) 18. ACCIDENT COUNTY, street, office bldg., etc.) 18. ACCIDENT COUNTY, street, office bldg., etc.) 18. ACCIDENT COUNTY) 18. ACCIDENT COUNTY) 19. COUNTY	TION		,				
10. TIME (Month) (Day) (Tear) (Hour) 216. INJURY OCCURRED OF INJURY OCCUR? 11. I hereby certify that I attended the deceased from A PRILZY, 1950, to JUAF3, 1950, that I last saw the decease of the deceased from A PRILZY, 1950, to JUAF3, 1950, that I last saw the decease of the deceased from A PRILZY, 1950, to JUAF3, 1950, that I last saw the decease of the deceas	21a. ACCIDENT	(Breelfy)	21b PLACE OF INJURY (a.g., in or about	21c. (CITY TOWN O	R TOWNSHIP)	(COUNTY)	
10. TIME (Month) (Day) (Tear) (Hour) 216. INJURY OCCURRED OF INJURY OCCUR? 11. I hereby certify that I attended the deceased from A PRILZY, 1950, to JUAF3, 1950, that I last saw the decease of the deceased from A PRILZY, 1950, to JUAF3, 1950, that I last saw the decease of the deceased from A PRILZY, 1950, to JUAF3, 1950, that I last saw the decease of the deceas	SUICIDE					(40
2. I hereby certify that I attended the deceased from APRIL 24, 1950, to LUNE 3, 1950, that I last saw the deceased on LUNE 3, 1950, and that death occurred at 2:29 Mm., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23b. ADDRESS (BUTIAL CREMA- 24b. DATE (A) DATE (B) UTLE P, 10 County (B) (B) UTLE P, 1	21d. TIME (Month)	(Day) (Year)		211, HOW DID INJUR	Y OCCURT		57X
alive on JUNIE , 1950, and that death occurred at 2:20 Mm., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23b. ADDRESS (B. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (St. Duris 1) June 1950 California Cemetery California 7155 Gurante 100 meters 25. Funeral director's signature 26. Put 25. Funeral director's signature 26. Put 25. Funeral director's signature 26. Put 27. Put 25. Funeral director's signature 26. Put 27. Pu		•		1			011
(Degree or title) 23b. ADDRESS (B. BURIAL CREMA- 24b. DATE (B. BURIAL CREMA- 24b. DATE (Copie M. D. Burial CREMATORY 24d. LOCATION (City, town, or county) (B. BURIAL CREMA- 24b. DATE (Copie M. D. Buria) (Burial California Cemetery California, M. 5.5 Guriate Registrar's signature (Copie M. D. Burial Copie M. D. Buria) (Burial California Cemetery California, M. 5.5 Guriate Registrar's signature (Copie M. D. Burial Copie M. D. Burial Copie M. D. Copie	2. I hereby certify to alive on $\frac{1}{2}$ alive on $\frac{1}{2}$	hat I attended 5 3, 19 S	the deceased from HYKILZ o, and that death occurred at	7 , 19 <u>30</u> , 10 <u>VC</u> <u>2:20 M</u> m., from	(NEZ, 195 the causes and on), that I la the date state	st saw the deceded ed above.
Ruris 1) Lune la 1930 California Cemetery California, 17155 our ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADONESS THE REC'D BY LOCAL REGISTRAR'S S	23a. SIGNATURE	okn M.C		V 77	A, Mo		23c. DATE SIGN
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 10 N = 9-19-0 United Using P Cultur - Underwood - Butley - 170	24a. BURTAL, CREMA- TION, REMOVAL (Breatly)		V 1		24d. LOCATION (OF	is, town, or cou	
	DATE REC'D BY LOCAL REG.				Lordensom		DORESS
(Licensed Editorium on Robotto Sale)	11-11-17-170	· · · · · · · · · · · · · · · · · · ·	(Licensed Embalmer)	esterness on Reveree S	ide)	<u> ~~//</u>	

RECEIVED 6:12-50 District Health Officer No. 7, District File Number 5-50-633 Date Filed 6.12.50

Licensed Embalmer No. 4743

STATEMENT	RY	LICENSED	EMBAT MED

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

working under my personal supervision.

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.