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18. CAUSE OF DEATH Enter only unsecurous per Illine for (a), (b), and (c)	√ 4 13	3.4		```.					
18. CAUSE OF DEATH Enter only unsecurous per Illine for (a), (b), and (c)	MAKE	Yes, no. or unknown) (If yes, give war or dates of service)		DRESS					
**This does not mean the mode of dying, such as heart failure, eathernia, etc. It means the discount of the mode of dying, or complication which caused death. DUE TO (c) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT HOMICIDE 10d. (Day) 11b. PLACE OF INJURY (se., in or about boths, farm, factory, sirves, office bidg. esta, fully of the death of the disease or condition authing death. 21d. TIME 10d. (Mosth) 10d. (Day) 11d. (Day) 12d. (Hour) 21d. Time 12d. (Mosth) 12d. (Day) 12d. (Hour) 21d. Time 21d. Date 2	18	Enter only one conseper 1 1. DISEASE OR CONDITION	O. O-M ONSET A	L BETWEEN ND DEATH					
DATE RECO BY LOCAL REGISTRARY SIGNATURE 11. OTHER SIGNIFICANT CONDITIONS Conditions constributing to the death but not related to the disease or condition counting death. 12. OTHER SIGNIFICANT CONDITIONS Conditions constributing to the death but not related to the disease or condition causing death. 12. DATE OF OPERATION 12. DATE OF OPERATION 12. ACCIDENT SUICIDE (Bpectly) SUICIDE (Bpectly) 12. DATE OF OPERATION 12. ACCIDENT SUICIDE (Bpectly) 12. ACCIDENT SUICIDE (COUNTY)	BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-							
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INJURY Description of the control o	11.7	Ita. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.g., in or about 10 per	the family and any animal transfer	TATE)					
248. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. EXCATION (Oisy, town, or county) (Sterning REMOVAL (Boselly) 1 12 1954 Evangelical California Me DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 30 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS A E Wilson California Ma		OF WHILEATCH NOTWHILE	D 21f. HOW DID INJURY OCCUR?	· ,					
248. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. EXCATION (Oisy, town, or county) (Sterning REMOVAL (Boselly) 1 12 1954 Evangelical California Me DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 30 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS A E Wilson California Ma	Z	22. I hereby certify that I attended the deceased from $\frac{5-12}{100}$, $\frac{1950}{100}$, to $\frac{7-23}{100}$, $\frac{1950}{100}$, that I last saw the deceased alive on $\frac{1}{100}$, $\frac{1950}{100}$, and that death occurred at $\frac{1950}{100}$ m., from the causes and on the date stated above.							
DATE REC'D BY LOCAL REGISTRARY SIGNATURE 50 California Ma		100 Tulke UNO	California llo 7.29	413r					
DATE REC'D BY LOCAL REGISTRARY SIGNATURE 50 California Ma		Final Boots July 25/954 Evangeli	cal California M	(State)					
		7/30/54 HKA 35	a. E. Wilson California K	no_					
(Licensed Embalmer's Statement on Reverse Side)	7	(Licensed Embalmer	's Statement on Reverse Side)						

STATEMENT BY LICENSED EMBALMER

L.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by										
***************************************		•	Student	Embalmer No	,					
orking under my personal supervision.		•		•						
		Simed	a	E. Wilson						
StudentStudent Embalmer				v 235/						

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.