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Charles Mussch S. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. II INFORMANY NONE 18. CAUSE OF DEATH (Enter only one cause per lings for (4), (6), and (6).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to does cause (a) Which gave rise to does cause (b). If the part is the under only one cause per lings for (4), (6), and (6).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Part II of Item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20b. TIME OF Hour Month, Day, Year INJURY (e. g., in or about home. 20c. ITIME OF Hour Month, Day, Year INJURY (e. g., in or about home. 20c. ACCIDENT OCCURRED WORK AND OF WHILE INFORMATION OF INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or about home. 20c. AND WORK AND OCCURRED WORK AND OCCURRED INJURY (e. g., in or abo	House Wi	fe(Own Home			U.S.A.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was en
by me, or by	, Student Embalmer No
working under my personal supervision.	
Student Signature of Student Embalmer	Signed Jack N Sowling Licensed Embalmer No. 19
	Licensed Embalmer No. 7.7.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. to comply 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.