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b. CITY If ougated corposate limits, write RURAL and etwe TOWN E M D 1 1 1 1 1 1 1 1 1	a COUNTY		· · · · · · · · · · · · · · · · · · ·	2. USUAL RESID	DENCE (Where deceased lived.	Admission).
d. STREET HOSTITION 3. NAME OF (It not in hospital or traditioning, dire street address or location) 4. DATE HOSTITION 3. NAME OF (It not hospital or traditioning of the street address or location) 4. DATE HOSTITION 5. SEX 5. SEX 5. DATE OF BIRTH 5. ADATE (Month) 6. DATE OF BIRTH 7. MARRIED, REVER MARRIED, REV	b. CITY (If outside co		township) STAY (in th	is place) OR //	erporate limits, write BURAL and gi	ve township) 0990
Type or Print! A TE 1	HOSPITAL OR	If not in hospital or ins		ation) d. STREET	(If rural, give location)	U
MIDDING DIVERTED (Specify) -9 -9 3 hast highted by Months Days Bours Midding Days Midding Midding Days Middi			EDITH	Man	d OF A →	onth) (Day) (Year) R. /4 /95/
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CAUSE OF. DEATH 1 1 1 1 1 1 1 1 1	3a. father's name GHARLES	MART	I3b. MOTHER'S M	SHAW	7 1/ 11.	
Enter only one cause per Ine for (a), (b), and (c) This does not mean an ANTECEDENT CAUSE. The mode of dying, such is a heart failure, asthenia, is only, gloing DUE TO (b) The mode of dying, such is a heart failure, asthenia, is only, gloing DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Outlines contributing to the death but not related to the disease or conditions couring death. III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Outlines contributing to the death but not related to the disease or conditions couring death. III. ACCIDENT SIGNIFICANT (Baselly) III. ACCIDENT SIGNIFICANT (Baselly) III. MONTH AND ALL DULLE (CITY, TOWN, OR TOWNSHIP) III. HOW DID INJURY OCCUR? III. HOW DID INJUR	(Yesyndyorunknown) (If		d service) 1 / 1 /	IRITY 17. INFORMANT		2,,,,,,
This does not mixen the mode of dying, such as heart failure, asthenia, as heart failure, asthenia, atc. It means the discase, injury, or complication which caused death. **Mobile conditions, if any, gloing DUE TO (b) rise to the above cause (a) stating the underlying cause last. **DUE TO (c) **DUE TO (c) **II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Plan: ACCIDENT TION** **Plan: ACCIDENT (Bpecity)** 21a. ACCIDENT (Bpecity)** 21b. PLACE OF INJURY (e.g., is or about SUICIDE HOMICIDE **INJURY** **INJU	Enter only one cause per	I DISEASE OF CO	NOTION (a)	Lastute Co	Ercuma	INTERVAL BETWEEN ONSET AND DEATH
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WHILE AT WORK TO MAKE AT WORK TO AT WORK TO AT WORK TO AT WORK THE WORK	SUICIDE				R TOWNSHIP) (COUN	TY) (STATE)
alive on Quart 4, 195, and that death occurred at 9 M m., from the causes and on the date stated above. 120. SIGNATURE (Degree or title) 230. ADDRESS 220. DATE SIGNE 240. DATE SIGNE (State) 241. CREMA 260. DATE 242. NAME OF CEMETERY OR CREMATORY 243. LOCATION (City, town, or county) (State) 244. LOCATION (City, town, or county) (State) 245. PHARRIE PRECTOR'S SIGNATURE 407. 25. PHARRIE PRECTOR'S SIGNATURE ADDRESS (ACCURATION CITY, TOWN, OR COUNTY) ADDRESS ADD	Pid. TIME (Mossb) OF INJURY	(Day) (Year) (B	WHILE AT NOT WHI	uerro I	Y OCCUR?	
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(Licensed Embalmer's Statement on Reverse Side)		REGISTRAR'S SI	73000	7 3. HHERE DINE	ME DONA	
·	-		(Licensed Embale	ner's Statement on Reverse Si	de)	

TOT OF AME

Date Received: MAY 7 1951 DISTRICT HEALTH OFFICE #2 District File Number 5-57-878 Date Filed: MAY 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me, or by
,	Student Embalmer No.
orking under my personal supervision.	
	Signed Leune
StudentStudent Embalmer	Signed Signed
Stadent Shoulder	Licensed Embalmer No. 550

P. O. Address Complete 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.