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tion which caused death. II. OTHER SIGNIFICANT CONDITIONS 7 Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION TION 21a. ACCIDENT - (Speeds) SUICIDE HOMICIDE LONG	11. OTHER SIGNIFICANT CONDITIONS? Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY. TOWN. OR TOWNSHIP) (COUNTY) (Specify) Dome. farm. fartory, street, office bldgvia.) PART CREEK +/ENRY 21d. TIME (Month) (Day) (Year) (Hoor) 19 (10 y) 10 y) 11 y) 12 (10 y) 12 (10 y) 13 (10 y) 14 y) 15 (10 y) 16 y) 17 y) 18 (10 y) 19 (10 y) 19 (10 y) 19 (10 y) 10 y) 11 y) 12 (10 y) 12 (10 y) 13 (10 y) 14 y) 15 (10 y) 16 y) 17 y) 18 y) 19 (10 y) 10 y) 11 y) 12 (10 y) 12 (10 y) 13 (10 y) 14 y) 15 (10 y) 16 y) 17 y) 18 y) 19 (10 y) 10 y) 11 y) 12 (10 y) 13 y) 14 y) 15 (10 y) 16 y) 17 y) 18 y) 18 y) 18 y) 19 (10 y) 10 y) 10 y) 10 y) 11 y) 12 (10 y) 13 (10 y) 14 y) 15 (10 y) 16 y) 16 (10 y) 17 (10 y) 18 (10 y) 19 (1	etc. It means the dis-	rise to the above ca the underlying cau	at suat.		· it i i i i i i i	.
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21a. ACCIDENT - (Specify) 21b. PLACE OF INJURY (e.g., to or about SUICIDE SUICIDE bome, farm, factory, street, office bidg., etc.) 21d. TIER (Moostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF OF OR A SUICIDE SU	21a. ACCIDENT - (Specity) SUICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOME 21d. TIME. (Month) (Day) (Year) (Hour) OF INJURY JAN. 11 1959, 9.3 m. WHILEAT NOT WHILE WORK NOT WHILE 22 I hereby certify that I attended the deceased from alive on 11 JAN., 1959, and that death occurred at 11.3 LAm., from the causes and on the date stated above 23a. SIGNATURE (Degree or title) 24a. BURIAL. CREMA- TION, REMOVAL (Boodly) DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE 42 CALLARY (ALLARY) DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE 42 CALLARY) PAN-13-32 TOWNSHIP) (COUNTY) BEAR CREEK +IENRY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) BEAR CREEK HOW DID INJURY OCCUR? SELF INFILIATION, from the causes and on the date stated above 21d. ADDRESS 22d. DADRESS 22d. DADRESS 22d. DATE 24d. NAME OF CEMETERY OR CREMATORY 24d. COCATION (City, town, or county) 25d. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALLARY C					297	6 .
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OF TALL TOCK ON MULEATED NOT WHILE TO THE TALE TO THE TALL TO THE TALL THE	INJURY JAN. 11 1959.9.32. WHILE AT WORK SELF INFLICTED. 22. I hereby certify that I attended the deceased from		<u> </u>		<u> </u>		$\alpha \gamma$
INJURY JAN. 11 1733 7.3 WORK [X] AT WORK [L] SELF 1/VILICIED.	22. I hereby certify that I attended the deceased from	l OF		_ 1.			b
	alive on 11 JAN., 1953, and that death occurred at 11321 Am., from the causes and on the date stated above 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. D 24a. BURIAL. CREMA- TION, REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAPS SIGNATURE 12 TO SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALL CALL	INJURY JAW.	11 17387	MORK LA AT WORK L	I DELF 1	WILLILE	<u>. </u>
	23a. SIGNATURE Lugh B Jalker MD Coroner 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county). TION, REMOVAL (Bendly) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 42 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 42 Consort Calaborate Calaborate Calaborate Collidary DATE - 13-52 Torence Calaborate Collidary	alive onA	N 19.5	1, and that death occurred at	_1130Am., from th	he causes ànd on t	he date stated ab
	24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. COCATION (Oily, town, or county). TION-REMOVAL (Bookly) Carrier 13-19-17 Bear Creek Genetic Montroe, MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS San-13-52. Florence Carrier 12-26. Carrier California	23a. SIGNATURE					
alive on 1/ JAN., 1952, and that death occurred at 1630Am., from the causes and on the date stated above	24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. COCATION (Oily, town, or county). TION-REMOVAL (Bookly) Carrier 13-19-17 Bear Creek Genetic Montroe, MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS San-13-52. Florence Carrier 12-26. Carrier California	Thus & K	7-1:6 <i>06</i> 6	en un Commen	COLA	- m	. 1/2
alive on 1/ JAN, 1952, and that death occurred at 10.30Am., from the causes and on the date stated above 23c. SIGNATURE (Degree or title) 23c. ADDRESS 23c. D	DATE REC'D BY LOCAL PREGISTRAT'S SIGNATURE 42 COLOR THE PROCESS SIGNATURE 42 COLOR TO COLOR SIGNATURE ADDRESS SAME TO COLOR TO COLOR COLORS		20000	1 24c NAME OF CEMETE	RY OR CREMATORY	244 COCATION (Dis-	
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alipe on 1/ JAN., 19.52, and that death occurred at 1/30 Am., from the causes and on the date stated above 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. D 24a. BURJAL, CREMA- TION-REMOVAL (Repetty) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. COCATION (Olly, town, or county) 24d. COCATION (Olly, town, or county) 24d. COCATION (Olly, town, or county)		TION REMOVAL (Breatly)	Jan. 13	1957 Bear Crest	25. FUNERAL DIREC	Montrose	ADDRE

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 21 1952

STATEMENT BY LICENSED EMBALMER

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.

working under my personal supervision.

Student Embalmer

Licensed Embalmer No. 3778

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.