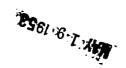
5. No.300	TLED APR 14 195 STAND	ARD CERTIFICATE O	F DEATH State File No	9598
7. 10.48	BIRTH NO REG. DIST.	NO. 131 PRIMARY REG.	DIST. NO. 42 (Registrar's No.	100 5
420	1. PLACE OF DEATH a. COUNTY Heury	2. USUAL a. STATE	RESIDENCE (Where decoased lived. If land b. COUNTY D. COUNTY	titution: residence before admission).
	b. CITY (If outside corpurate limits write RURAL and give OR TOWN A MARKET STATE TOWN		Durield corporate limits, write RURAL and give town	420
RECORD	d. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION The street HOSPITAL OR INSTITUTION	ot address or location) d. STREET ADDRESS	30/ E. Kentus	hy
	DECEASED O TOTAL	(Middle) c. (La	OF COLOR	(Day) (Year)
INT	5. SEX 6. COLOR OR RACE 7. MARRIED.	NILLER JACK	DEATH OF UNDER	3 /953
PERMANENT	Female White Mar	DIVORCED (Spegify)	3, 1873 last hirthday) Months	Days Hours Min.
ERM	done during most of working life, even if retired)	BUSINESS OR IN- II. BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1 2	[MOTHER'S MAIDEN NAME	- 1/4! NAME OF HUSBAND OR WIF	usa
< <	7/20 0 3 .00	ary Cox.	1001	Kson
KE	15. WAS DECEASED EXER IN U.S. ARMED FORCEST 16.	SOCIAL SECURITY 17, INFORM	MANT'S SIGNATURE OR NAME	ADDRESS
MAKE	(Yee, no, or unknown) (If yes, give war or dates of service)	cone No. Seo 1	V. Jackson Hind	ion mo.
֓֞֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	18 CAUSE OF DEATH	MEDICAL CERTIFICAT	igh /	INTERVAL BETWEEN ONSET AND DEATH
INK	Enter only one cause per line for (a), (b), and (c)	a) Isileal &	timosis-	- CHIEL AND DEATH
CK	*This does not mean ANTECEDENT CAUSES the mode of dying, such Morbid conditions, if any, giving DUE TO (b)			
BLA	as heart failure, asthenia, the underlying cause last.	2/	- "	**
9	ease, Injury, or complica- tion which caused death. II. OTHER SIGNIFICANT CONDITIONS			
NIG	Conditions contributing to the death related to the disease or condition on	but not	·	
UNFADING	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION TO A SET UTIL AS 25	593x	20. AUTOPSY?
SING	21a. ACCIDENT (Specify) 21b. PLACE OF IN SUICIDE home, farm, factory	JURY (e.g., in or about street, office bidg., etc.)	OWN, OR TOWNSHIP) (COUNTY)	(STATE)
-us	21d. TIME (Mosth) (Day) (Year) (Hour) 21e. II OF INJURY WORK	T NOT WHILE	INJURY OCCUR?	***
<u> </u>			t saw the deceased d above.	
P.T.	23a. SIGNATURE	(Degree or title) 23b. ADDRESS	<u> </u>	23c. DATE SIGNED
				10///-5.7
WRITE	240. BURIAL, CREMA- 24b. DATE 24c. TION REMOVAL (Browley) 4-7-53 3	name of cemetery or cremato	ORY 24d. LOCATION (City, town, or court	issour
	DATE REC'D BY LOCAL REGISTBARYS SIGNATURE	O 12 5 FUNERAL	DIRECTOR'S SIGNATURE A	DORESS THAT
	Alm 1-33 Diploma	censed Embelmer's Statement on Re	verse Side)	in the



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	Signed William M. Jurnely				

P. O. Address Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

Student Embalmer

the above constitutes grounds for revocation of license.)