BIRTH NO. REG. DIST. NO. 1. PRIMARY REG. DIST.	FLED MAY	1 1956	_	HE DIVISION OF HE			State	File No	15239
B. COUNTY SHANNO D. CITY Of outpile provenes limits, write RUBAL and drive to command of the control of the co	BIRTH NO.		REG.	DIST. NO. 336	PRIMARY REG. DIST.	. но. <u>61</u>	21		
CTY UT outputs become the RUBAL and give yet considered in the control of TOWN		,			I STATE		. h COI	'رر سے NTY	adiniselon
d. FULL NAME OF CIT BOX IS beneficial or insultation, gives treat address or fossible.) 3. NAME OF MATTIOTION (At I M. MOND HO. (Middle) 3. NAME OF DECRASED OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR CITY OF PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR CITY OF PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (City and State or Forsiga Constry) (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (City and State or Forsiga Constry) (Month) (Day) (Year) 1. NAME OF DECRASED FOR PINIL (City and State or Forsiga Constry) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Mo	II OK /1/11/4	c. CITY OR TOWN ////////////////////////////////////				dence within limits of or incorporated jown?			
3. NAME OF DECEASED (Type or Print) DECEASED (Type or Print) S. SEX HAIC UHITE 1. S. SEX HAIC 1. S. SEX HAIC UHITE 1. S. SEX HAIC 1. S. SEX HAIC 1. S. SEX HAIC 1. S. SEX HAIC UHITE 1. S. SEX HAIC 1. S	d. FULL NAME OF HOSPITAL OR INSTITUTION				. STREET	(If rural, g		Ma	1010
5. SEX 6. COLOR OR 196CE 7. MARRIED, M. SER MARRIED, M. B. DATE OF BIRTH 19. ACRE (1. 1960) 10. LUBAL COCUPATION (CIVA hald of early 10) 10. LUBAL COCUPATION (CIVA hald of early 10) 10. LUBAL COCUPATION (CIVA hald of early 10) 11. MOTHER'S MADE 12. FATHER'S NAME 13. MOTHER'S MADEDN NAME 13. MOTHER'S MADEDN NAME 14. NAME OF HUSBAND'OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH Enter only one omuspication which caused death. 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) 11. DISEASE OR CONDITION MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) ATTER OR OF MARKED, M. S. ARMED FORCEST 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(b) 11. OTHER SIGNIFICANT COUNTY VES. DO (a) 12. AUTOPSYT VES. DO (COUNTY) (STATE) 13. MOTHER'S MADEDN NAME 14. NAME OF HUSBAND'OR WIFE MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) A RTER OSC LEROSIS Morbid conditions, if any, giring DUE TO (c) 11. OTHER SIGNIFICANT COUNTY) 12. AUTOPSYT VES. DO (COUNTY) VES. DO (COUNTY) (STATE) 13. MOTHER'S MADEDN NAME 14. NAME OF HUSBAND'OR WIFE MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) A RTER ROSC LEROSIS Morbid conditions, if any, giring DUE TO (c) 12. AUTOPSYT VES. DO (COUNTY) VES. DO (COUNTY) (STATE) 13. MOTHER'S MADEDN NAME 14. NAME OF HUSBAND'OR WIFE MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) A RTER ROSC LEROSIS Morbid conditions, if any, giring DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (c) 14. ALCIDENT COUNTY VES. DO (C) ANTERVAL BETWEE ONCE A RD IT IS NOT TOWN OR TOWNSHIP) (COUNTY) VES. DO AUTOPSYT VES. DO				b. (Middle)	Ì I.		4. DATE OF	(Month)	(Day) (Year)
10. ISUAL OCCUPATION (CITY AND OF BUSINESS OR IN- does during mount of weeking life, were if retired) FAR MER 138. ATHER'S MAME HE Z = K/19 H WE A WER KA + HE R IN B 130. MOTHER'S MAIDEN NAME II. SHRTHPLACE (City and State or Fereige Country) SHAN NON COUNTRY II. SHRTHPLACE (City and State or Fereige Country) SHAN NON COUNTRY SHAN NON COUNTRY III. SHAN NON III. SHAN	T	COLOR OR MACE		OWED, DIVORCED (Specific	8. DATE OF BIRTH		9. AGE (In year last birthday)		
13. ACTIVER'S NAME	10a. USUAL OCCUPATIO	11. BIRTHPLACE (City and State or Foreign Country) 12. CITIZEN OF WHAT COUNTRY?							
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (You. no. or unknown) (If you. give war or dates of service) 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH 19. CAUSE 19. CAU	13a. FATHER'S NAME	+ Weau		136. MOTHER'S MAIDER	I NAME	14. NAME	OF HUSBAN		
18. CAUSE OF DEATH Enter only one onusper Iline for (a), (b), and (c) *This does not meen the mode of dying, such as heart fallure, astheria, det. It means the dis- cast, injury, or complica- tion which coused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE TO SUIC SUICIDE TO SUIC SUICID	15. WAS DECEASED EVE (Yee. no. or unknown) (If	R IN U.S. ARMED		16. SOCIAL SECURITY	l	'S SIGNA	TURE OR N	AME .	ADDRESS
the mode of dying, such as heart fallure, asthenia, etc. It means the discase cause (a) stating the underlying cause last. DUE TO (b) ARTE KOSIS Horizon and the discase cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 12. DATE OF OPERATION 13. DATE OF OPERATION 14. 22 YES NO CONDITION 15. DATE OF OPERATION 16. DATE OF OPERATION 17. DATE OF OPERATION 18. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE 21. TIME (Month) (Day) (Year) (Hour) 210. NJURY (OCCURRED WHILE AT NOT WHILE WORK AT	Enter only one cause per	I. DISEASE OR DIRECTLY LEA	CONDITION DING TO D	N 0	CERTIFICATION	,		, ,	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the details but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE (Bpecity) SUICIDE (Month) OF (Work) 21b. PLACEOF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 21d. TIME (Month) OF (Wonth) OF (Work) 21e. INJURY OCCURRED WHILE AT NOT WHILE NOT WH	1			giving DUE TO (b)	RTERO	SCL	ERO	sis	
Conditions contributing to the ideath but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE (Bpedity) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (COUNTY) 21c. (COUNTY) (STATE) 21d. TIME (Month) (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. Hereby certify that I attended the deceased from ARCH 19.51e, that I last saw the decease alive on MARCH 15, 19.51, and that death occurred at ALLA m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS. 23c. DATE SIGNED 24d. DATE 24d. DATE 24d. DATE 24d. DATE 24d. DATE 25. SUMERAL DIRECTOR'S SIGNATURE 25. SUMERAL DIRECTOR'S SIGNATURE ADDRESS.	etc. It means the dis-			DUE TO (c)		÷.	٠.		
TION 21s. ACCIDENT (Bpedly) SUICIDE (Boodly) SUICIDE (Month)	tion which caused death.	Conditions contr	ibutina to ti	he death but not	·				
SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from 13 MAR 19 5 (to MAR CH 19 5 k, that I last saw the decease alive on MARCH 5, 19.51, and that death occurred at 6.45 A m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL CREMA- TION, REMOVAL (Bpectly) DARCH 18 1956 15 JUNERA DIRECTOR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 JUNERA DIRECTOR'S SIGNATURE 25 JUNERA DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25 JUNERA DIRECTOR'S SIGNATURE ADDRESS	19a. DATE OF OPERATION TION 19b. MAJOR FINDINGS OF OPERATION					a tomos	42	21	· — —
22. I hereby certify that I attended the deceased from 13 MAR 19 5 (, to MAR CH, 19 5 L, that I last saw the decease alive on MARCH 15, 19 5 L, and that death occurred at 6:45 A m., from the causes and on the date stated above. 23a. SIGNATURE PROBLEM 124. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 24a. BURIAL. CREMATION, REMOVAL (Breedsy) MARCH 18 1956 W. ILIAMS CEMETERY SHANNON COUNTY MISSORY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	SUICIDE	(Specify)	21b, PLAC	E-OF INJURY (e.g., in or about i, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(CC	(YTNUC	(STATE)
alive on MARCH 15, 19.51, and that death occurred at 6.45 A m., from the causes and on the date stated above. 23a. SIGNATURE Particles March 18, 19.51, and that death occurred at 6.45 A m., from the causes and on the date stated above. 23c. DATE SIGNED March 12.30. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 26. DATE SIGNATURE 27. SUMBRAND DIRECTOR'S SIGNATURE 28. SUMBRAND DIRECTOR'S SIGNATURE ADDRESS.	OF	(Day) (Year)	(Hour) m.	WHILEAT NOT WHILE	21f. HOW DID INJURY	Y OCCUR?	15		Th.
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) TION, REMOVAL (Bywelly) MARCH 18, 1956 (1); 11:AMS CEME + ERY SHANNON COUNTY 11:550-18. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) 25. FUMERAL DIRECTOR'S SIGNATURE ADDRESS	22. I hereby certify to alive on MA	hat I attended 2 C.H. 15, 19.5	the deced						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) TION, REMOVAL (Broadly) MARCH 18, 1956 (U); 11. AMS CEME + ERY SHAWNON COUNTY HISSOUR, DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		0 1	11:	(Degree or title)	23b. ADDRESS		me		23c. DATE SIGNED 4/24-57
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24b. DATE	18. 1956	1	Demetery		1	•	(State)
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STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

I hereby certify that the body whose name is recorded on the reverse	side of this certificate was em
by me, or by	, Student Embalmer No
working under my personal supervision	

Signed Cellen C. M. Singlen Licensed Embalmer No. 454

P. O. Address Lan Burn

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.

Signature of Student Embalmer