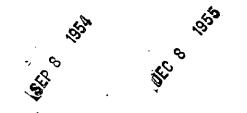
	11 YOU FO		THE DIVISION OF HE	22376					
No. 300	II FILEU Ju i	19 1954	STANDARD CERTIF						
10-46	BIRTH NO		REG. DIST. NO. 55	PRIMARY REG. DIST. NO. 3	State File No Registrar's No	193			
111	I. PLACE OF DEA	\TH	00		Where decemend lived; /1, icht	itution: residence before			
ס	a. COUNTY	ano	lf	a. STATE	b. COUNTY A	roll			
_	b. CITY (If outside on TOWN	rollt	URAI and give c. LENGTH OF STAY (in this place)	c. CITY OR TOWN arrol	lton to Yes	dence within limits of or incorporated town?			
RECORD	d. FULL NAME OF A HOSPITAL OR INSTITUTION	If not in journial or is	natitution, give street address or location)	• STREET (If rural,	v. Ben	lono			
RE	3. NAME OF DECEASED 1	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)			
	(Type or Print)	ARV	E VIZABETH	GOODSON	DEATH GLE	15-1956			
PERMANENT	5.5EX 6.	COLOR PROMOTE	7. MARRIED, NEVER MARRIED, WILDOWED, OFFORCED (Specific	8. DATE OF BIRTH	9. AGE (In years or month last birthidae), Months	PERSONAL PROPERTY OF S. Days Hours Min.			
SRWA	10a. USUAL OCCUPATIO	gig ilfe, even if retired)	166. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City and Sta	te or Foreign Comptry)	12. CITIZEN OF WHAT			
ы	130. FATHER'S MANE) 13b. MOTHER'S MAIDEN NAME (14. NAME OF HUSBAND OR WIFE)								
4	139. FATHER'S NAME	11/00:	and the Man	" dearen 1	On the	rodu.			
KE	15. WAS DECEASED EVE	R IN II S ARMED I	FORCES 16. SOCIAL SECURITY	17/ INFORMANT'S SIGN	ATURE OR NAME	ADDRESS			
∀		yes, sive war or dates	of service NO.	Z		and In h			
-X	- 10	 	MEDICAL	ERTIFICATION	1-4000 m. \a	I INTERVAL BETWEEN			
K-	18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR C		e de la companya del companya de la companya del companya de la co		ONSET AND DEATH			
INK	Enter only one cause per li. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Oaro plans mg & side								
CK	*This does not mean ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES								
<	the mode of dying, such as heart failure, asthenia, if any, giving DUE TO (b) / Fig. 2. The such as heart failure, asthenia, if the underlying cause last.								
BĽ	etc. It means the dis-	the underlying cut	DUE TO (c)						
ភ	tion which caused death.	II. OTHER SIGNII	FICANT CONDITIONS						
UNFADING			<u> </u>						
FΔ	related to the disease or condition causing death. 19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?			
N.	TION YES								
	21a. ACCIDENT SUICIDE HOMICIDE		21b, PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHI		(STATE)			
PLAINLY—USING	21d. TIME (Month) OF INJURY	(Day) (Year) (21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?	·				
×	22. I hereby certify that I attended the deceased from July 74, 1954, to July 15, 1954, that I last saw the deceased								
AINT	alive on Jul		Yand that death occurred at	1:30 4 m., from the cause		d above.			
PL	23a, SIGNATURE		(Degree or title)	23b. ADDRESS		23c. DATE SIGNED			
	will	ram G. al	Mr. grand		ne	1/16/571			
WRITE	24a. BURIAL. CREMA TIOM REMOVAL (Break)	- 24b. DATE フーノク-	5-(/ NAME OF REMETER	Y AR CREMATORY 200 TOC	ATION (City town, or com	ity) (State)			
F	DATE REC'D BY LOCA	REGISTRAR'S	SIGNATURE 45	25 FUNERAL DIRECTOR 4	I CHATURE AT	ORESS &			
•	7/17/54 1	Mede	rheer Cilver?	Standley & Gu	ben an	ollten 1/10			
			(Licensed Embelmer's	Statement on Reverse Side)	_	•			



STATEMENT BY LICENSED EMBALMER

I	hereby certify that the body who	ose name is recorded on the	reverse side	of this certificate	was emba
by me,	or by	•••••	, Stu	dent Embalmer N	o

working under my personal supervision..

Signature of Student Embalmer

P. O. Address amolling

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