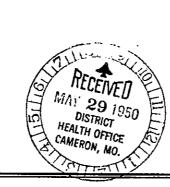
BIRTH MO	Cien II	IN 9 10E0	THE DIVISION OF HE			40004
1. PLACE OF DEATH  S. COUNTY  Callund  D. CITY (If enable propers limits, write RURAL and size of Death of County)  OR Manual.  D. CITY (If enable propers limits, write RURAL and size of Death of County)  OR Manual.  D. CITY (If enable propers limits, write RURAL and size of Death of County)  OR Manual.  D. CITY (If enable propers limits, write RURAL and size of Death of County)  OR Manual.  D. CITY (If enable propers limits, write RURAL and size of Death of County)  OR Manual.  D. CITY (If enable propers limits, write RURAL and size of Death of County)  OR STREET (If renal, size location)  O. ST	FILED JU	JN 3 1950	STANDARD CERTIF	ICATE OF DE	ATH State F	ile No 10034
B. COUNTY CALLWARD  D. CITY (If qualida corporate limits, write RURA), and gives provided in the pace of the pace	31RTH NO		REG. DIST. NO.	PRIMARY REG. DIST	. NO. 5/52 Registr	ar's No. 26
County   C		aldwe	es	11		
HOSPITAL OR INSTITUTION  NAME OF DECRASED  (Type or Print)  (Type or Print	1.OR	orporate limits, write RU	(In this place	d OR	Orporate limits, write RURAL and	eive township) 0/30
CITPE OF PIAN   CLAUME   CLAUM	HOSPITAL OR	(If not in hospital or in	ultution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	٥
5. SEX 0 6. COLOR OR RACE 7. MARRIED NUMBERS OF SIRTH 99 1. AGE (Is whis process that provided in the color of the color o		a. (First)	01	c. (Last)	4. DATE () OF DEATH	
This does not mean to good of gring, such act feelings per not of gring in the does course (a) stating the state of state decay and state of st		COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify),	8. DATE OF BIRTH	9. AGE (In years last birth lay)	WONDER I YEAR IF UNDER HIS Months   Days   Hours   Mis
MAS DECEASED EVER IN U. S. ARMED FORCES?  WAS DECEASED EVER IN U. S. ARMED FORCES.  WAS DECEASED OR ARMED FORCES.  WAS DECEASED EVER IN U. S. ARMED FORCES.  WAS DECEASED OR ARMED FORCES.  WAS DECEASED EVER IN U. S. ARMED FORCES.  WAS DECEASED OR ARMED FORCES.  WAS DECEASED OR ARMED	Da. USUAL OCCUPATIO		10b, KIND OF BUSINESS OR IN-	11. BIRTHPLACE (8th	<del> </del>	12. CITIZEN OF WH.
SWAS DECEASED EVER IN U. S. ARMEGFORCES? Yes, no. of justrayona)  (If yes, sive was acclusive of service)  8. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mote of dying, such as the inter only one cause (a) stating the underlying cause last.  10. DIFECTLY LEADING TO DEATH (a)  ANTECEDENT CAUSES  ANOPHIC conditions, if may giving DUE TO (b)  This does not mean the distant, interpretation of the underlying cause last.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the distant or condition auxing death.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the distant or condition or cause (a) stating the underlying cause last.  12. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the distant or condition or causing death.  12. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the distant or condition or causing death.  13. ACCIDENT  SUCIDE  (Boedity)  21b. PLACE OF INJURY (e.g., in or about 1)  SUCIDE  HOMICIDE  (Boedity)  12. In the wash (Boedity)  21b. PLACE OF INJURY (e.g., in or about 2)  WHILE AT WINK  21f. HOW DID INJURY OCCUR?  WHILE AT WINK  22f. HOW DID INJURY OCCUR?  22f. DATE SIGNATURE  22f. LOCATION (City, town, or county)  22f. DATE SIGNATURE  22f. DATE SIGNATURE  22f. LOCATION (City, town, or county)  22f. LOCATION (City, town, or county)  22f. LOCATION (City, town,	3a. FATHER'S NAME	ma la	000	NAME TROLL	14. NAME OF HUSBAND	OR WIFE
Inter only one cause per ne for (a), (b), and (c)  This does not mean to mode of dying, such heart fallure, sathenia, c. It means the distance of dying, such niet to the above cause (a) stating to the above cause (a) stating to which caused death.  In CHER SIGNIFICANT CONDITIONS  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not clearly the death course of the death but not clearly the death of the death but not clearly the death course of the death but not clearly the death of t	. WAS DECEASED EVI	ER IN U.S. ARMED F	ORCES?   16. SOCIAL SECURITY	17. INFORMANT	"S SIGNATURE OR NA	ME ADDRESS
*This does not mean he mode of dying, such where fallure, astheria, dee. It means the disc. It is underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  12. ACCIDENT  SUICIDE  BUILCIDE  COUNTY)  12. In ACCIDENT  SUICIDE  HOWICIDE  12. In Flower  WHILE AT NOT WHILE  WHILE AT NOT WHILE  WHILE AT NOT WHILE  WHILE AT NOT WHILE  AT NORK  22. I hereby certify that I attended the deceased from  WHILE AT NORK  23. SIGNATURE  WORK  AT WORK  24. DATE SIGNATURE  COUNTY  COUNTY  25. FURERAL DIRECTOR'S SIGNATURE  ADDRESS  AMTECEDENT (Acceptable)  AND PATE RECO BY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS  AMTORIAL CREMA-  POLICE  AT DATE RECO BY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS  AMTORIAL CREMA-  POLICE  AT DATE RECO BY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS  AMTORIAL CREMA-  POLICE  AT DATE RECO BY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS  AMTORY  AT DATE RECO BY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS	Enter only one cause per	I, DISEASE OR CO	NDITION -		lis	INTERVAL BETWEE ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.   Conditions contributing to the death but not related to the disease or condition causing death.   Conditions contributing to the death but not related to the disease or condition causing death.   Conditions contributing to the death but not related to the disease or condition causing death.   Conditions causing de	he mode of dying, such us heart failure, asthenia, dc. It means the dis-	Morbid conditions,	, if any, giving DUE TO (b) use (a) stating se last.			7230
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20c. AUTOPSYTY YES NO  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (COUNTY)  (STATE)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21c. (CITY, TOWNSHIP)  (COUN		Conditions contribu	sting to the death but not	idiae es	Tourtion	6 ms
SUICIDE HOMICIDE  OF  INJURY  LIG. THE  WHILE AT NOTWHILE  WHILE AT NOTWHILE  AT WORK  AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. Thereby certify that I attended the deceased from AT WORK  LIG. THE WORK  LIG. T	9a. DATE OF OPERA- TION			· · · · · · · · · · · · · · · · · · ·		
WHILE AT WORK NOT WHILE  2. I hereby certify that I attended the deceased from	ia. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, O	R TOWNSHIP) (COL	INTY) (STATE)
alive on	21d. TIME (Month OF INJURY	) (Day) (Year) (I	WHILE AT   NOT WHILE	21f. HOW DID INJUR	Y OCCUR?	
23a. SIGNATURE  (Degroe or title)  (Degroe or title			•	<u>a,19</u> <u>a,181</u> <u>m., from</u>		
TION, REMOVAL (Broods) 5-22-50 Prani Ridge Palo Rural DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 27 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	23a. SIGNATURE	bun 918	(Degree or title)	23b. ADDRESS	Pole Ho	23c. DATE SIGNI 5. 20-38
	TION, REMOVAL (Breatt		-50 Pranie	Ridge	Polo Ru	al
			IGNATURE JONESO	25. FUNERAL DIRE	COOR'S SIGNATURE	ADDRESS POLO MO

. . . .

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	d on the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No
vorking under my personal supervision.	,
Student	Signed Wayne H. Hallemon
Student Embalmer	Uscensed Embalmer No. 4627
·	P. O. Address Palo Ma

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.