SIRTH NO. SIRTE NO. SIRT	FILED SED	1.0 4000			ALTH OF MISSO			2	2681	3
1. PLACE OF PEATH 2. COUNTY FAYER TITLE b. CITY (Il gradide corporate limits, write RUBAL) and sive of the correlated by the control of the correlated by the correlated b	TIES OF	1 4 1900	SIANDA					ile No		
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3. NAME OF DECLASED LA. (FIRST) DECLASED DECLASED LA. (FIRST) DECLASED LA DECL	HOSPITAL OR 2	If not in hospital or	institution, give etree		ADDRESS		re location)		089	0
SEX O 6. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 1. DATE OF BIRTH 9. AGE (1) seems of months of	3 NAME OF DECEASED /	a. (First)	b.	(Middle)			OF A	Month)	(Day) (Y	'ear)
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S. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean he mode of dying, such a heart fallowe, asthenia, tie. It means the disconst industry of course death. Total or or or considered the above cause (a) stating to the conditions, if any, giving DUE TO (b) The mans the disconst industry or complication to which caused death. The mans the disconst industry or complication which caused death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Omitions contributing to the death but not related to the disease or condition causing death. DIS. DATE OF OPERA- TION IS. MAJOR FINDINGS OF OPERATION DIS. ACCIDENT SUICIDE HOMICIDE C. MANSUR R. RICHMOND M. MEDICAL CERTIFICATION MEDICAL CERTIFICATION Bilat bronchial pneumonia INTERVAL BETWE MISSIAND M. ANTECEDENT CAUSES Morbid conditions of pneumonia Distance of the death open cause (a) stating to the above cause (a) stating the underlying cause last. DUE TO (c) The fall at home, fracturing J day's To fall at home, fracturing J day's J day's J day's ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) The above cause death. Thip. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Omitions contributing to the death but not related to the disease or condition causing death. Diabetes mellities Diabetes mellities 20. AUTOPSY? YES NO NOTIFICANT CONDITIONS Diabetes mellities COUNTY) (STATE) MINUTY 21b. PLACE OF INJURY (a.g., is or about the consess and on the date stated above. ANTECEDENT (Speedty) ANTECEDEN		4 / <u>A</u> / 1		OTHER'S MAIDEN			OF HUSBAND	OR WIFE	<u>u.s.</u>	<u>u_</u>
(New 20, or unknown)	PORTER 1	VIANSU	R /V	ARGAKE	TOUINN	VIAR	y V. M.	ENSU	<u> </u>	
MEDICAL CERTIFICATION Enter only one course per line for (a), (b), and (c) This does not mean it means the distance of sping, such as heart fallure, asthenia, fee. It means the distance, injury, or complication which caused death. Due to (c) III. DISEASE OR CONDITION Bilat bronchiel pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving DUE to (b) to fall at home, fracturing Tt. hip. Due to (c) III. DISEASE OR CONDITION Bilat bronchiel pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving DUE to (b) to fall at home, fracturing Tt. hip. Due to (c) III. DISEASE OR CONDITION July (and the death of the short cause in the underlying cause last. Due to (c) III. DISEASE OR CONDITION July (and the short cause in the underlying cause last. Due to (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dia be tes mellities Dia be tes mellities Dia be tes mellities 20. AUTOPSY? YES NO 21a. ACCIDENT SUICIDE SUICIDE ANTECQUE TO (b) Tt. hip. Dia be tes mellities COUNTY) YES NO 21a. ACCIDENT SUICIDE SUICIDE ANTECQUE TO (b) To fall at home, fracturing Jeu India Tt. hip. Dia be tes mellities COUNTY) YES NO ANTECDENT SUICIDE ANTECQUE TO (b) To fall at home, fracturing Jeu India To fall at home, fracturing	5. WAS DECEASED EVE Yee, no or unknown) (If	R IN U.S. ARMED 1900, give wat of date	e of service)	NO.	17. INFORMANT	"S SIGNAT	C			ESS
Itine for (a), (b), and (c) "This does not mean the mode of drying, such as heartfaller, eathering." ANTECDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Tt. hip.		1. DISEASE OR	CONDITION	MEDICAL C		nneumo		CHINE	INTERVAL BE	DEATH
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	se heart fallure, asthenia,	Morbid condition rise to the above the underlying of	ns, if any, giving cause (a) stating cuse last.	rt.	hip.					•
Pa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (s.g., in or about SUICIDE, HOWICIDE) HOMICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. Interest office bldg., etc.) NO 21f. HOW DID INJURY OCCUR? 22f. Horeby certify that I attended the deceased from AT WORK AT WOR			IFICANT CONDITI	ONS		17444			. •	
21a. ACCIDENT (Specity) 21b. PLACE OF INJURY (e.g., in or about SUICIDE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED AT WORK AT WORK 22. I hereby certify that I attended the deceased from 4 Mork AT WORK 22. I hereby certify that I attended the deceased from 4 Mork AT WORK 22. I hereby certify that I attended the deceased from 4 Mork 25 / 55 , 19 , to 8 / 28 / 55 , 19 , that I last saw the deceased alive on 6 / 20 / 55 , 19 , and that death occurred at 9 A m., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGN 8 / 31 / 5 22a. BURIAL GREMA 24b. DATE 24c. NAME OF CEMETERY OR CRIMATORY 24d/LOCATION (City town, or county) (State TIGN, REMOVAL (Specity) 8 - 30 - 55 NEW / 10 / EMATERY AY COUNTY Month of the county of the count		Conditions contr related to the disc	ibuting to the death case or condition cau	out not DI uring death.	abetes me.	riions				
SUICIDE Nome, farm, factory, street, office bidg., etc.) Signature	19a. DATE OF OPERA- TION	196, MAJOR FI	IDINGS OF OPERA	ATION .			·	<u> </u>		ү? No [2]
21d. TIME (Month) (Day) (Feet) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED AT WORK NOT WHILE AT WORK AT	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			21c. (CITY, TOWN, O	r Township)	(CO	189 189	(STATI	Đ
22. Thereby certify that 1 attended the deceased from alive on 0/20/55, 19, and that death occurred at 9: A. m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CRIMATORY 24d LOCATION (City, fown, or county) 24d LOCATION (City, fown, or county) (State, TERY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	21d, TIME (Month) OF INJURY	(Day) (Year)	WHILEA	TITTI NOTWHILETT	21f, HOW DID INJUR	RY OCCURT				
alive on 6/28/55, 19, and that death occurred at 9.A m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGN 8/31/5 24a. BURIAL. GREMA 24b. DATE 24c. NAME OF CEMETERY OR CRIMATORY 24d. LOCATION (City, fown, or county) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	22. I hereby certify i	that I attended	the deceased fr	om 8/25/5	05, 19, to	3/28/55	, 19, ti	rat I last	saw the de	ceased
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SIGNATURE ADDRESS	23s. SIGNATURE	MB	rach	er PMI	dente	ngle	en b	20	8/31	<u>/55</u>
DATE RECU BY LOCAL REGIS KAR'S SIGNATURE,	24a. BURIAL. GREMA TION, REMOVAL (Bredit		1 2	NAME OF CEMETER	<i>A</i> 1		: <i>'D</i>			tate)
		L REGISTRAR'S	SIGNATURE	Signo	mirelald	Solored	ELECTION	Ha	ress	no.

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the	body whose na	ame is recorded	on the reverse	side of this certifica	ite was em
by me	, or by				., Student Embalmer	No,

working under my personal supervision..

august Bore herding

P. O. Address Hardin, Th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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