Registration District No. 2   Primary Registration District No. 2   STATE FILE NUMBER  Registration District No. 2   Primary Registration District No. 2   STATE FILE NUMBER  Registration District No. 2   Primary Registration District No. 2   STATE FILE NUMBER  Registration District No. 2   Primary Registration District No. 2   STATE FILE NUMBER    1. Place of DEATH				LTH - STAND				,	-60-03	5547	
B. COUNT IN OUNT COUNTY IN OUNT COUNTS IN ONLY TOWNSHIP Only   Length of stay in   b   COUNT   Homist County   Long to County	ILED ED			224 Prin	nary Registration Distr	ict No. 57	15 Registrar's No	64	STATE FIL	E NUMBER	
B. CITY If outside copporate limits, give IOCM/SHP only) Learning of tary in 18  TOWN Lathers, 10 Ploint Grove 12 Yrs  Letting 10 Ploint Grove 12 Yrs  Letting 10 Ploint Grove 12 Property 10 Prop		-		oni teau					INTY	-dmission)	
TOWN Lathem, I:O Piolet Grove 12 Vrs.  C. FULL NAME OF INFO Ire Notine (a) the footing)  TOWN LINAME OF INFO Ire Notine (a) the footing (b) the footing)  TOWN LINAME OF INFO Ire Notine (a) the footing (b) t		I –	<ul> <li>b. CITY (If outside co</li> </ul>	orporate limits, give TOWN:	SHIP only) Len	gth of stay in 1b	c. CITY			Inside Limits	
Reside on Farm   Institution   Home-Latham, Flo   Vest   No.     A Special Common   Institution   Vest   No.   N		ı		m. lo Piole	et Grove	70 Vnc		athem. 1	<u>.</u>	Yes Д No □	
3. NAME OF DECEASED FIRST Middle List 4. DATE Month Day Year ROBERT (Type or print)  S. SEX 6. COLOR OR RACE TATTON BATOUT 1. DATE OF BIRTH 1. TOAD 1.		<b>l</b> –	c. FULL NAME OF (If	NOT in hospital, give loca	tion)		d. STREET	(If		Reside on Farm	
Robert   Larion   Barbour   Open   Alic   11- 1060   Part   Alic   Part   Part   Alic   Part   Part   Alic   Part   Alic   Part   Part   Alic   Part   Part   Alic   Part   Part   Alic   Part		İ	HOSPITAL OR INSTITUTION	lome-Latham,	i·lo	Yes 77 No 🗆		en Del	<del></del>	Yes No T	
ROBERT  S. SEX S. COLOR OR RACE T. Middle   S. A. COLOR OR RACE T. MIDLE   S. COLOR OR RACE T. MIDLE   S. A. COLOR OR RACE T. MIDLE   S.	$\Box$	\		First	Middl	e	Last		Month [	Day Year	
S. SEX   6. COLOR OR RACE   7. Married ICK Never Married   8. DATE OF BIRTH   9. AGE (last birthday)   19. UNDER 17EAR   FUNDER 24 HE Months   19. Divorced   10. Divorce		l	(Type or print)	${f Robert}$	Harion	Ват	יטטיי	1	132 Th 706	<u> </u>	
TIBLE TO LUSAN COCUPATION Give kind of work done To the Name of House and State of Country Town of		_	5. SEX	6. COLOR OR RACE			<del></del>	9. AGE (last b	irthday) IF UNDER 1	YEAR IF UNDER 24 H	
TOO. USUAL OCCUPATION (sive kind of work done)  Description of the standard of	ı		Male	White	Widowed □	Divorced 🗌	10/22/81	72			
Revision life, even if retired)  Revision life, even if retired life, even in life,		7			10b. KIND OF BUSH	NESS OR INDUSTR	11. BIRTHPLACE	City and state or	country) 12. CITIZE	OF WHAT COUNTRY	
13. FATHER'S NAME		ł					ì				
JOSEPH BAPDOIT CATTLE SCOTT IN WAS DECRASED EVER IN U.S. ARMED FORCES? I.G. SOCIAL SCURITY NO. II. INFORMANT Address Address Service) I.G. SOCIAL SCURITY NO. II. INFORMANT Address Service II.G. SOCIAL SCURITY NO. II. INFORMANT II. III. II. II. INFORMANT III. III. III. III. III. III. III. II	1	۱ –	TIECTLEG LE	т.шет.	OWN TEL	D'S MAIDEN NAM	<u>l Hiss</u>	<u>ריבוור</u>			
15. WAS DECASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown)  (If yes, give war or dates of service)  (Yes, no, or unknown)  (If yes, give war or dates of service)  (Yes, no, or unknown)  (If yes, give war or dates of service)  (NAS DECEASED (I, in your look)  (In your look)  (In at a sended the decessed was framely was framely was framely war framely was framely was here a pregnancy in last 90 days  (In your look)  (In your look)  (In at a sended the decessed from look)  (In your look)  (In at a sended the decessed from look)  (In at a sended the					136. MOTTE	K 3 MAIDEN NAM	-		CHE OF HUSBAND OR	*****	
The conditions if any, which gave rise to above cause (a), stating the underlying cause lear.		I _	<u>Joseph Bar</u>	bour	Call	ie Scott		Lary		יזוו	
Section   Sect						L SECURITY NO.	17. INFORMANT		Address	1 -the Design	
IMMEDIATE CAUSE (a)    Conditions if any whose gever fise any whose gever fise and plant in the underly gever fise and plant i		I (	HO L		500-10		mary	E Dai	בנייטיינית ש	calhan	
IMMEDIATE CAUSE (a)    Conditions if any whose gever fise any whose gever fise and plant in the underly gever fise and plant i	Þ		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).								
Conditions, if any, which gave rise to above couse (a), stating the underlying cause last. Due to (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days performed?  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days performed?  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days performed?  PERFORMED?  YES   NO   Yes   No   Unknown.  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.)  21. I attended the decessed from Death occurred at 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22a. SIGNATURE (Degree or title) 22c. DATE SIGNED 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22a. SIGNATURE (Degree or title) 22c. DATE SIGNED 22b. ADDRESS 22c. DATE SIGNED 22c. DAT	뉗	1									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause leaf. Due to (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days there a pregnancy in last 90 days performed?  PERFORMED?  YES NO D  200. INJURY OCCURRED  WHILE AT WORK D  NOT WHILE AT WORK D  Desth occurred at 158	IŞ.	ľ		IMMEDIATE CAUSE (a		uce p	-yeary-	<u> </u>	unemu.	T graco	
which gave rise to above cause (a), stating the under-lying cause (a), stating the under-lying cause last. Due TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female we there a pregnancy in last 90 days in the part of the par	Ö	1					U				
above cause (a), stating the underlying cause last. DUE TO (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMEO? YES NO D  19. WAS AUTOPSY YES NO D  19. WAS AUTOPSY YES NO D  20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  19. WAS AUTOPSY YES NO D  20d. INJURY OCCURRED Ann. P.m. P.m.  20d. INJURY OCCURRED Find Month, Day, Year farm, factory, street, office bidg., etc.)  20f. CITY, TOWN, OR LOCATION COUNTY STATE  21. I attended the decessed from Death occurred at Death			Condition which a	ons, if any, DUE TO (E	o)				<del></del>	<del> </del>	
Note		ļ	l above	cause (a), }						İ	
disease condition given in PART I (a)    State   County	_	ı			:)						
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20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, will also and less saw her him alive on him a		Ö							• =		
20c. TIME OF How Month, Day, Year p.m.  20d. INJURY OCCURRED while AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. I attended the deceased from peath occurred at peath occu			PERFORMED?			206. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of	injury in PART I or PA	RT II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE  21. I attended the deceased from Death occurred at Death occurre		₹	20c. TIME OF Hou	Month, Day, Year						<del></del>	
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WHILE AT WORK   farm, factory, street, office bldg., etc.)  21. I attended the deceased from		ž	· ·	- 1 00- DI ACE	OF INITIDY (a.e. in	or shout boss 1	OF CITY TOWN OF	LOCATION	COUNTY	CTATE	
21. I attended the decessed from 7/30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or title) 22b. ADDBESS 22c. DATE SIGNET 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 8/16/60 Flag Spring Comptony Burial Colifornia 100 Burial Home-California, 120 Bowlin Funeral Home-Califo		l	WHILE AT WORK	farm, f	actory, street, office l	oldg., etc.)	or citi, lowis, or	LOCATION	COUNT	SIAIE	
Death occurred at 1 1 1 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNET 22a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  BURIAL DIRECTOR ADDRESS 27. DATE RECO. BY EOCAL REG. 26. REGISTRANS SIGNATURE  BOWLIN FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY EOCAL REG. 26. REGISTRANS SIGNATURE 25.	-	l	NOT WHILE AT V	WORK 🗆							
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Burial Removal (Specify)  Burial 8/16/60 Flag Spring Comptery Bural California 1:0  Boylin Funeral Home-California, 1:0  Boylin Funeral Home-California, 1:0			1	illa Caul	man,	u R	Vers	aillo.	, Mo	aug/7.19	
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(Licensed Embalmer's Statement on Reverse Side)	<b> </b> €	$\mathbb{B}$	<u>owlin Fune:</u>	<u>ral Home-Ca</u>	<u> Lifornia</u>	1:10 8/	16/60	1/40	KUIT /	07/0	
					(Licensed	Embalmer's Staten	ent on Reverse Side)	•		v /	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed l
or by	, Student Embalmer No
working under my personal supervision.	Signed Bonne
Signature of Student Embalmer	<u> </u>
·	P. O. Address To Lather

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