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IANENT						ER FOR				S	136-				
CK INK.	I.D	. TAG NO.			C	CERTIFIC	ATE OF	DEA	TH				STAT	TE FILE NUM	3ER
	Legal Name (Include AKAs, if ar	First		Midd	le	Last				Suff	ix	2.	Death Da	ate (MON DD Y	YYY)
3 . S	Sex (M/F)	4a. Age – Last	Birthday	4b. Under		4c. Under 1 [. Social	Security N	umber	6	. Cou	nty of De	ath	
7 5					Days	Hours N	linutes								
	Birthdate (MON	DD YYYY)	sa. Birth	place (City/Tov	wn, or County)		8b. (State or I	Foreign Co	untry)		9. 1	Jecea	ent's Edu	cation	
10.	Was Decede	nt of Hispanic C	Drigin? (Ye	es or No. If yes,	specify.) 1	1. Decedent's	Race(s)				12.		Decedent Armed Fo		□ Yes □ No
13.	Residence:	Number and S	treet (e.g.,	, 624 SE 5th Stre	eet, Apt. No. 8)			14	. City/Towr	1		0.5.7	Anneuro	1003:	
15	Residence C	ounty		16 St	ate or Forei	an Country		17 7	/ip Code + 4	1		18	Inside (City Limits?	
í 📃		-		10. 01		gir Oounu y		17. 2	.ip 000c · -	r					known
19.	Marital Statu	s at Time of De	eath		20 . Sp	ouse's Name (I	married or widow	ved, give na	me prior to first	marriage.)					
21.	Usual Occup	ation (Indicate typ	e of work do	one during most o	of working life.	DO NOT USE "RETI	RED.")	22	. Kind of B	usiness/Ind	dustry (DO	NOT US	E COMPANY	Y NAME.)	
5															
23.	Father's Nan	ne (First, Middle, La	ist, Suffix)				24.	Mother	's Name Pri	or to First I	Marriage (First, Mi	ddle, Last)		
25. 29.	Informant's N	Name	20	6. Telephon	e Number	27. Relation	to Decedent	28. Ma	iling Addres	SS (Number &	Street, City/To	own, Sta	te, Zip + 4)		
5															
29.	Place of Dea	ath				30. Facilit	y Name								
31.	Location of D	Death (Give addres	ss.)			32. City	Town or Loca	ation of	Death	33.	State	34.	. Zip Cod	le + 4	
2 31.	Mallard				(D)				07						
35.	Method of Di	isposition		36. Place	of Dispositi	ION (Name of cemet	ery, crematory, or	other place) 37. Loca	ation					
38.	Name and C	omplete Addre	ss of Fur	neral Facility	y (Number & Si	treet, City/Town, Stat	e, Zip + 4)		·						
39.	Date of Dispo	Sition (MON DD Y	rrr) 4	40. Funera	I Director's	s Signature				41	. OR Lice	nse N	lumber		
				►		-									
42.	Registrar's	Signature												bor	
													File Num	IDEI	
							43. Date R	eceived	(MON DD YY)	Y)	44.	Local	File Num	IDEI	
	Record Amendment						43. Date R	Received	(MON DD YYY	Y)	44.	Local	File Num		
	Amendment														
46.	Amendment Was case re	ferred to Medic	al Exam	iiner?	47. Autops □ Yes		43. Date R	sy findin							Death
46.	Amendment Was case re				Yes	CAUSE OF DEA	Were autops	sy findin o ctions and	gs available d examples.)	e to comple	ete the cau	use of	death?	49. Time of	
46. 50.	Amendment Was case re Yes No Enter the cha	ain of events -	diseases	s, injuries, or	Yes Complication	CAUSE OF DEA	Were autops Yes No TH (See instructly tly caused th	sy findin o ctions and ie death.	gs available d examples.) DO NOT f	e to comple	ete the cau	use of	death?	49. Time of Approxim	ate Interval
46. 50.	Amendment Was case re Yes No Enter the cha as cardiac a	ain of events -	diseases ry arrest	s, injuries, or	Yes r complication ar fibrillation	CAUSE OF DEA	Were autops Yes No TH (See instructly tly caused th	sy findin o ctions and ie death.	gs available d examples.) DO NOT f	e to comple	ete the cau	use of	death?	49. Time of Approxim	
46. 50.	Amendment Was case re Yes No Enter the cha as cardiac an Final diseas resulting	ain of events - rrest, respirato e or condition in death→	diseases ry arrest IMI a.	s, injuries, or or ventricula MEDIATE C	Yes r complication ar fibrillation AUSE ↓	CAUSE OF DEA ons - that direct	Were autops Yes No TH (See instructly tly caused th	sy findin o ctions and ie death.	gs available d examples.) DO NOT f	e to comple	ete the cau	use of	death?	49. Time of Approxim	ate Interval
46. 50. Sequ	Amendment Was case re Yes No Enter the cha as cardiac au Final diseas resulting quentially list c	ain of events - rrest, respirator e or condition in death-> conditions, if ar use listed on lir	diseases ry arrest I IMI a. ny, Due	s, injuries, or or ventricula	Yes r complication ar fibrillation AUSE ↓	CAUSE OF DEA ons - that direct	Were autops Yes No TH (See instructly tly caused th	sy findin o ctions and ie death.	gs available d examples.) DO NOT f	e to comple	ete the cau	use of	death?	49. Time of Approxim	ate Interval
46. 50. Sequences	Amendment Was case re Yes No Enter the cha as cardiac at Final diseas resulting quentially list d ding to the car	ain of events - rrest, respirator te or condition in death→ conditions, if ar use listed on lin DERLYING	diseases ry arrest a. ny, Due ne a. b. Due	s, injuries, or or ventricula MEDIATE C	Yes Yes r complication ar fibrillation cAUSE ↓ onsequence o	CAUSE OF DEA ons - that direc n without show	Were autops Yes No TH (See instructly tly caused th	sy findin o ctions and ie death.	gs available d examples.) DO NOT f	e to comple	ete the cau	use of	death?	49. Time of Approxim	ate Interva
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