## MEDICAL EXAMINER'S CERTIFICATE OF DEATH — STATE FILE COPY

## State of Delaware

LOCAL REG. NO.	·	STATE FILE NO.		
I. PLACE OF DEATH		2 USUAL RESIDENCE (HIMEE DECISION DIVIDE IT HISTORYDON, RESIDENCE REPORT ADMINISTRATION & COUNTY		
A COUNTY SUSSEX	DELAWARE	A STATE MARYLAN	B) S, COUNTY	217 50
C. CITY OR TOWN (IN OUTPOR CONTOUTE HARTE WESTE BUE	LAND GIVE HEAREST TOWN) ZIP CODE	11	**	
LEWBS	THE E IS PLACE WITHIN CITY LIMITS?	D STREET ADDRESS	F 15 1550	ENCE WITHIN COLL
D. NAME OF HOSPITAL OR INSTITUTION. IN HOT HE SON	15H	11 '	N CAMP ROAD	YES [] N
, BEEBE HOSPITAL	YES 🔀 NO	93/7 1801	4 DATE MONTH	04.
3 NAME FIRST	WIDDIE	SLUSHER	OF DEATH 8	4
DELORES DELORES	SOCIAL SECUR	ITY NUMBER P. USUAL C	CCDANION TOWN	U3.4
5 SEX 6 RACE 7.	AL MARRIED HISSWILL 543-	32-2/83 SCH		
F W	AGE (IAST SERIORY) - IF UNDER 1 YEAR IF UNDER 24	HOURS 12 PLACE OF BIRTH (man on	OPIGN COUNTY)  NAS DECEMBER OFF IN U.S. APHED FORCESS	12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
21 DEC 32	41	OREGON	APARD (OFCES)	
15. FATHER'S NAME		MERCEADE	S HEAVERN	11-2
FRED M. SLUS	HE 12			
17. NAME OF SPOUSE		O'HAIR F	UNERAL CHAI	ンにし
Single		Medical i	Indings	INTERVAL BETWEEN
19. CAUSE OF DEATH - ENTER ONLY ONE CAUSE F	ER LINE FOR (A), (B), AND (C)			AND SEATH
FART 1 DEATH WAS CAUSED BY IMMEDIATE CONDITIONS. IF ANY TIME d.1	CAUSE (A)			
CONDITIONS, IF ANY I TEMPE 1	ate Cause A. Cardiac Laennec's cirrh	oats of the liv	er	
ZINMEDIATE CAUSE (A)	DUE TO (8) Laennec & CIIII	0828 02 0		
E     -	MARK and fatty meta	morphosis of th	ne liver	<u></u>
A CONSTRUCTION CONDITIONS CON	TRIBUTING TO DEATH, BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN F	ART 1 (A)	70 Was Autors P
Z O PART 2 - O INTER SIGNATION IN	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			YES X NO
21. EXTERNAL CAUSE WAS 27. DESCRIBE HO	W INJURY OCCURRED.			
L 21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		CITY OF TOWN	TATE
E IU 22 TIME OF INDUST	YEAR 24 INJURY OCCUPRED 25. PLACE OF	HOME, FACTORY, STREET, ETC.	Elif Ga ioni	
<b>素川一</b> !ヘッ・	NOT WHILE AT WORK INJURY			
<b>▼</b>   ∪   <sub>26</sub>	ARGE OF THE REMAINS DESCRIBED	ABOVE, HELD AN AUTOPS	Y X, INSPECTION	OIRA FXT ALIO
Ell Outith	P. Jobin "	D. CHIEF MEDICAL EXAMBNER	ASSISTANT MEDICAL EXAMINES ( )	
Ell Outith	1. Jobin "	D. CHIEF MEDICAL EXAMBNER	ASSISTANT MEDICAL EXAMINES X DE	
SIGNATURE SIGNATURE POPERTY SIGNATURE SHIPMENT	1. Jobin "	D. CHIEF MEDICAL EXAMPLES DATE  DAT  SE STUMBENT DIRECTOR'S ACTU  RAYMAN	ASSISTANT MEDICAL EXAMINER X DE ESCONO. 8-5-74  AL SIGNATURE  AL SIGNATURE	PUIT MEDICAL EXAM
SIGNATURE SIGNATURE POPERTY SIGNATURE SHIPMENT	1. Jobin "	D. CHIEF MEDICAL EXAMPLES DATE  DAT  SE STUMBENT DIRECTOR'S ACTU  RAYMAN	ASSISTANT MEDICAL EXAMINER X DE ESCONO. 8-5-74  AL SIGNATURE  AL SIGNATURE	PUIT MEDICAL EXAM
SIGNATURE SIGNATURE POPERTY SIGNATURE SHIPMENT	1. Jobin "	D. CHIEF MEDICAL EXAMPLES DATE  DAT  SE STUMBENT DIRECTOR'S ACTU  RAYMAN	ASSISTANT MEDICAL EXAMINER X DE ESCONO. 8-5-74  AL SIGNATURE  AL SIGNATURE	PUIT MEDICAL EXAM
SIGNATURE SIGNATURE POPERTY SIGNATURE SHIPMENT	1. Jobin "	D. CHIEF MEDICAL EXAMPLES DATE  DAT  SE STUMBENT DIRECTOR'S ACTU  RAYMAN	ASSISTANT MEDICAL EXAMINES  E SIGNED: 8-5-74  AL SIGNATURE	PUIT MEDICAL EXAM
SIGNATURE STATES OTHER CHECKTIPES	1. Jobin "	D. CHIEF MEDICAL EXAMPLES DATE  DAT  SE STUMBENT DIRECTOR'S ACTU  RAYMAN	ASSISTANT MEDICAL EXAMINER X DE ESCONO. 8-5-74  AL SIGNATURE  AL SIGNATURE	PUIT MEDICAL EXAM
SIGNATURE SIGNATURE POPERTY SIGNATURE SHIPMENT	1. Jobin "	D. CHIEF MEDICAL EXAMPLES DATE  DATE  RAYMANA  RAYMANA	ASSISTANT MEDICAL EXAMINER X DE ESCONO. 8-5-74  AL SIGNATURE  AL SIGNATURE	PUIT MEDICAL EXAM
SIGNATURE SIGNATURE POPERTY SIGNATURE SHIPMENT	1. Jobin "	D. CHIEF MEDICAL EXAMPLES DATE  DATE  RAYMANA  RAYMANA	ASSISTANT MEDICAL EXAMINER X DE ESCONO. 8-5-74  AL SIGNATURE  AL SIGNATURE	PUIT MEDICAL EXAM
SIGNATURE  SIGNATURE	P. John M. AUG. 6, 1974  EMETERY HLS, ORE DELLE	DATE OF THE PROPERTY OF THE PR	ASSISTANT MEDICAL EXAMINER  E SIGNAD.  B = 5-74  AS SIGNATURE  FESS  AS SIGNATURE  AS	PELA.
SICHATURE  2. BURIAL CREMATICA COTHER TOWNS THE SHIPMENT  79. NAME OF COLUMN TO CREMATORY  MT. CRIVERY  SUBCATION ICHT. TOWNS ON COUNTY  KLAMATH  I Certify this is	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	DATE OF THE PROPERTY OF THE PR	ASSISTANT MEDICAL EXAMINER   2 SIGNED. 8-5-74  AL DICHARDER  LETTA - LEWES -  IN PERSONAL MONATURE  STATE - LEWES -  IN PERSONAL MONATURE  DE GLESSIAR MON	PELA.
SIGNATURE  SIGNATURE	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	DATE OF THE PROPERTY OF THE PR	ASSISTANT MIDICAL EXAMINER (X)  E SIGNAD: 8-5-74  AL SIGNATURE  LEWES  A ELECTRAL LEWES  A ELECTRAL LEWES  B ELECTRAL LEWES  CONTROL OF THE C	PELA.
SICHATURE  2. BURIAL CREMATICA COTHER TOWNS THE SHIPMENT  79. NAME OF COLUMN TO CREMATORY  MT. CRIVERY  SUBCATION ICHT. TOWNS ON COUNTY  KLAMATH  I Certify this is	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	DATE OF THE PROPERTY OF THE PR	ASSISTANT MEDICAL EXAMINER   2 SIGNED. 8-5-74  AL DICHARDER  LETTA - LEWES -  IN PERSONAL MONATURE  STATE - LEWES -  IN PERSONAL MONATURE  DE GLESSIAR MON	PELA.
SICHATURE  2. BURIAL CREMATICA COTHER TOWNS THE SHIPMENT  79. NAME OF COLUMN TO CREMATORY  MT. CRIVERY  SUBCATION ICHT. TOWNS ON COUNTY  KLAMATH  I Certify this is	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  DATE  STATEMENT DIRECTOR'S ACTU  STATEMENT DIRECTOR'S ACTU  FUNERAL DIRECTOR'S ACTU  FUNERAL DIRECTOR'S ACTU  AUG 2 2 1974  e official Tree	ASSISTANT MIDICAL EXAMINER & DE E SIGNAD. 8-5-74  AL SIGNATURE LEWES -	PELA.
SICHATURE  2. BUTHAL CREMATICATIONER (MICHINERY)  SHIPMENT  79. NAME OF CHETTER OF CREMATORY  MT. CRLYRRY  20. LOCATION (cm. Town, or count)  KLAMATH  I certify this is	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER EXECUTION B=5-74  AL SIGNATURE  LE WES-  IN RECORDERS MONATURE  DE GLOSTERS MONATUR	PELA.
SICHATURE  2. CONTAIL CREAM TO CONTER POPULATION  SHIPMENT  29. NAME OF COMPLET OR CREMATORY  MT. CALVARY  DELOCATION (COT., TOTAL OR COUNT)  KLAMATH FA  I certify this is  USB:  Delaware 19901	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER & DE E SIGNAD. 8-5-74  AL SIGNATURE LEWES -	PELA.
SICHATURE  2. BUTHAL CREMATICATIONER (MICHINERY)  SHIPMENT  79. NAME OF CHETTER OF CREMATORY  MT. CRLYRRY  20. LOCATION (cm. Town, or count)  KLAMATH  I certify this is	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER EXECUTION B=5-74  AL SIGNATURE  LE WES-  IN RECORDERS MONATURE  DE GLOSTERS MONATUR	PELA.
SICHATURE  V. BARRAL CREMATICATION CONTINUES  SHIPMEVT  79. NAME OF COLUMN TO CREMATORY  MT. CRIVARY  XI. LOCATION (CMT. TOWAR OF COUNT)  KLAMATH  I certify this is  Delaware 19901  Issued	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER EXECUTION B=5-74  AL SIGNATURE  LE WES-  IN RECORDERS MONATURE  DE GLOSTERS MONATUR	PELA.
SICHATURE  2. CONTAIL CREAM TO CONTER POPULATION  SHIPMENT  29. NAME OF COMPLET OR CREMATORY  MT. CALVARY  DELOCATION (COT., TOTAL OR COUNT)  KLAMATH FA  I certify this is  USB:  Delaware 19901	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER EXECUTION B=5-74  AL SIGNATURE  LE WES-  IN RECORDERS MONATURE  DE GLOSTERS MONATUR	PELA.
SICHATURE  VENTAL CREMATICAL CHIEFE TOWNSTAND  SHIPMENT  TO NAME OF COUNTERT OR CREMATORY  MT. CALVARY  DELOCATION (CIT. TOWN OF COUNT)  KLAMATH  I certify this is  USSS  Delaware 19901  Issued	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER EXECUTION B=5-74  AL SIGNATURE  LE WES-  IN RECORDERS MONATURE  DE GLOSTERS MONATUR	PELA.
SICHATURE  VENTAL CREMATICAL CHIEFE TOWNSTAND  SHIPMENT  TO NAME OF COUNTERT OR CREMATORY  MT. CALVARY  DELOCATION (CIT. TOWN OF COUNT)  KLAMATH  I certify this is  USSS  Delaware 19901  Issued	AUG. 6, 1974  EMETERY  LLS, ORE  STATE  STAT	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER EXECUTION B=5-74  AL SIGNATURE  LE WES-  IN RECORDERS MONATURE  DE GLOSTERS MONATUR	PELA.
SICHATURE  V. BUTIAL, CERMATCH CHINER (MICHIEF SHIPMENT)  SHIPMENT  P. NAME OF CEMETER OF CREMATORY  MT. CRLYRRY  X. LOCATION (cm. Town, or count)  KLAMATH  I certify this is  USB:  Delaware 19901  Issued  Issued	AUG. 6, 1974  EMETERY  HLS, ORE  an actual copy of the	D. CHIEF MEDICAL EXAMPLES DATE  TO PROPERTY DIRECTOR'S ACTU  TO FUNDAMENT DIRECTOR'S ACTU  TO FU	ASSISTANT MIDICAL EXAMINER EXECUTION B=5-74  AL SIGNATURE  LE WES-  IN RECORDERS MONATURE  DE GLOSTERS MONATUR	PELA.
SICHATURE  V. BARRAL CREMATICATION CONTINUES  SHIPMEVT  79. NAME OF COLUMN TO CREMATORY  MT. CRIVARY  XI. LOCATION (CMT. TOWAR OF COUNT)  KLAMATH  I certify this is  Delaware 19901  Issued	AUG. 6, 1974  EMETERY  HLS, ORE  STATE  STAT	e official registrol Delaware State  SEAL	ASSISTANT MEDICAL EXAMINER SESSION B = 5-74  AL SIGNATURE  THE PROPRIES AND AND SESSION AN	DELA.  is officered.
SICHATURE  W. BERIAL, CREMATICAL COTHER FORCETTY  SHIPMENT  P. NAME OF COMMENT OF CREMATORY  MT. CRIVARY  W. LOCATION (COT., Torre on COUNTY)  KLAMATH  I certify this is  Delaware 19901  Issued  OF OREGON: COUNTY OF  Trecord at request of	AUG. 6, 1974  EMETERY  HLS, ORE  STATE  STAT	D. CHIEF MEDICAL ELAMBHER DATE OF THE COLOR S ACTUMENT DIRECTOR'S	ASSISTANT MEDICAL EXAMINER X DE SCIONED 8 - 5 - 74  AL SIGNATURE X TOTAL STATE AND THE	DELA.
SICHATURE  W. BERIAL, CREMATICAL COTHER FORCETTY  SHIPMENT  P. NAME OF COMMENT OF CREMATORY  MT. CRIVARY  W. LOCATION (COT., Torre on COUNTY)  KLAMATH  I certify this is  Delaware 19901  Issued  OF OREGON: COUNTY OF  Trecord at request of	AUG. 6, 1974  EMETERY  HLS, ORE  SIATE  AND SIATE  STATE  NAMATH: SS.  Namey Roeder  92 at 3:04 of	D. CHIEF MEDICAL ELAMBHER DATA  DATA	assistant MIDICAL EXAMINER SET 15 SCIENCE 8 = 5 - 74  AL SIGNATURE FOR THE SET 15 SCIENCE SET 15	DELA.
SICHATURE  W. BERIAL, CREMATICAL COTHER FORCETTY  SHIPMENT  P. NAME OF COMMENT OF CREMATORY  MT. CRIVARY  W. LOCATION (COT., Torre on COUNTY)  KLAMATH  I certify this is  Delaware 19901  Issued  OF OREGON: COUNTY OF  Trecord at request of	AUG. 6, 1974  EMETERY  HLS, ORE  STATE  STAT	D. CHIEF MEDICAL ELAMBHER DATE OF THE COLOR S ACTUMENT DIRECTOR'S	assistant MIDICAL ELAMINER SEED SECOND 8-5-74  AL SIGNATURE SECONDUCE SEED SEED SEED SEED SEED SEED SEED SE	DELA.