

9	HEGISTRAR'S NUMBER			C	ERTIFICA STATE O	TE OF		STATE F	123-	03:	-0743 8	
T	1. DECEASED-NAME	Calvi	n L	ouis	Last			2.SEX Male	300	£%84	ATH (Month, Day,	Year)
	4. RACE (Specify White, Bla Amperato Indian, etc.)	ck, 5a.	AGE AT LAST BIRTHDAY 72 Year	15b. MOS	LINDER 1 YEAR OF					30-06	nty of DEATH	
	76. CITY OR TOWN OF DE Batesvill	STATE OF STA	23, 23, 25	Sout	tal or other in give street address reh Panol	a Coll	nty II	on) ດອກຳ່ໄດ້ໄ	クイシー	IF IN HO	OSP. OR INST. SPI UTPT., EMER. RM	
	Miss.	USA	F WHAT COUN	TRY 10.	MARRIED, NEVER I WIDOWED, DIVOHO 1doved	IARRIED, ED (Specify)	Dec	ased	wife, give maider	n name) 1;	2. WAS DECEASED U.S. ARMED FOR	EVER IN
	13. ORIGIN OR DESCENT (Spe Cuban, Afro-American, Mexi A Merican	The same of the state of	414		8493	Watch	amaker	Kind of work done	Jev	vele:	r Repai	r.
	16. RESIDENCE-STATE Miss.	Pan	ola		Bates v		16d INS (Spor	DE CITY LIMITS city Yes or No)	Hospi	ital	BER OR RURAL LO	CATION
	The the section of th	bert	Emi	iddle tt	Chapman		OTHER-NAM	Lul	a		Maide Brown	n
	19a: INFORMANT-NAME Lee Martin 20a: BURIAL CREMATION: REMOVAL (Specify)			ATORY-N	3123 W		H111	Is no N 21a. EMBALM	0 2087	7 Tr	win. Te	0 62
	Burial 216 FUNERAL HOME-NAME Newsom Fune	Charl AND MISSISSI	eston PPI I.D. NUMBE		Ch.		et and number o	rles to	The second of the second	//	√-33 € Poodel 38921	3
	229 CERTIFIER NAME /Ture	or print)	Herita Indiana		225 MAILING	ADDRESS (Stre	wt and number of	T J.C.D CO	the City or tou	en State 7		400 (MIC.
	This place and d	Coshy	m D ge, death occur spred.		22b, MAILING 4/6 time, date, and	S, Ho	/mes	Circle	Men.	n, State, Zi Ophio	IP Code)	7/// erred
4	This section to be completed by physician If NOT a	Cosby of my knowled to the good	ge, death occur spated.		226, MAILING	This section to be completed by coroner or	Mes 24a. On th at the	Circle	Men. On town on and/or investigate and due to	n, State, Zi Ophio	Jn. 38	
4	This place and disction to be completed by physician 23b. DATE SIGNATURE	Cosby of my knowled the to the output NaV iNED (Month) 8 3 ATTENDING P	ge, death occur siated. Day, Year)	red at the	22b, MAILING 4/6 gime, date, and y MP HOUR OF DEATH 7: 20 pm	This section to be completed by coroner	24a, On the at the SIGNATU 24b, DATI	e route and box nun Circle e basis of examinati time, date, and pl RE, TITLE	on and/or investi ace and due to	on, State, Zi Ohio Sation, in m the cause	PCode) 3, Th. 38 4 opinion death occ s stated. 24c. HOUR OF DE. Le. PRONOUNCED D. (Hour)	АТН
4	This section to be completed by physician of NOT a coroner or medical examiner 23d. NAMFOF	Co Sh y of my knowled us to the gause Mall GNED (Month, 8 3— ATTENDING P print) AUSE (Enter on	ge, death occur systed. Day, Year) HYSICIAN IF C	CON	22b, MAILING 4/6 gime, date, and y MP HOUR OF DEATH 7: 20 pm	This section to be completed by coroner or medical examiner	24a. On the at the SIGNATU	e basis of examination, and place time, date, and place SIGNED (Month	on and/or investi ace and due to	on, State, Zi Ohio Sation, in m the cause	P Code) 3, Th. 38 4 opinion death occ s stated. 24c. HOUR OF DE.	ATH EAD
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4	This section became to be completed by physician if NOT a corner or medical examiner 25. PART L DEATH CAUSED BY:	COSDY) of my knowledge to the gusery was to the gusery ATTENDING P ATTENDING P ALSE (Enter on P AS A CORSE	ge, death occur spetsd. Day, Year) HYSICIAN IF O e cause only) AMA ON O OUENCE OF	OTHER THAT	225, MAILING 4/6 1ime, date, and M M M HOUR OF DEATH 2.20 D M N CERTIFIER ANCES cause only):	This section to be completed by coroner or medical examiner	24a, On the at the SIGNATU 24b, DATI	e basis of examination, and place time, date, and place SIGNED (Month	on and/or investi ace and due to	on, State, Zi Ohio Sation, in m the cause	P Code) 3, 1n, 38 4/ opinion death occ s stated. 24c. HOUR OF DE. (Hour) AT Interval between and death	ATH DEAD Orsert
•	This section to be completed by physician if NOT a corner or medical examiner 23. NAMEOF (Type or 1) DUE TO, OR	COSDY of my knowledge to the government NAV NED (Month, 8 3— ATTENDING P Print) ALSE (Enter on PL dio Pu AS A CONSE	e cause only) ANA OUL OUENCE OF	OTHER THAT	22b, MAILING HIGH Jime, date, and MIN	ADDRESS (Stre	24a. On the state of the state	e basis of examinati time, date, and pl RE, TITLE SIGNED (Month	on and/or investi ace and due to i, Day, Year)	un, State, Zi Onio gation, in m the cause:	P Code) 3	ATH DEAD Oriset Oriset
•	This section place and discretion to be completed by physician it NOT a coroner or medical examiner 23d. NAMP OF Type or DUE TO, OR 25. PART I, DEATH CAUSED BY: (a) Car (b) DUE TO, OR (c) 26. PART II: OTHER SIGNI Car Car Car Car Car Car Car Ca	COSDY of my knowled to the government NAV NED (Month, 8 3— ATTENDING P Print) ALSE (Enter on PL CIO PL AS A CONSE AS A CONSE FICANT CON	ge, death occur spetch. Day, Year) HYSICIAN IF C e cause only) ANA OUL QUENCE OF C DITIONS— Conc	OTHER THAT	22b, MAILING HIGH Jime, date, and MIN	ADDRESS (Stre	24a, On the at the SIGNATU 24b, DATI 24d, PRONON ON	e basis of examination date, and place in the common date, and pla	on and/or investigate and due to incomplete (incomplete and due to incomplete and due to	MAS CASE XAMINER Yes or No)	P Code) 3	Orset Onset DICAL
4	This section place and of section or be completed by physician it NOT a coroner or medical examiner 23d. NAMP OF (Type or) 25. PART L DEATH CAUSED BY: 26. PART II: OTHER SIGNI 29a. ACCIDENT, S. 19be if 19be ACCIDENT, S. 19be ACCI	COSDY Of my knowled to the government NAMED (Month, 8 3— ATTENDING P Print) ALSE (Enter on PC dio PU AS A CONSE AS A CONSE FICANT CON DICIDE, HOMIC ON, OR UNDET	e cause only) ANA OUL OUENCE OF OUTTONS - Concide PENDING ERMINED	OTHER THAT	22b, MAILING Jime, date, and M M M HOUR OF DEATH 2: 20 pm NCERTIFIER A NUZL S cause only): ributing to death but r ributing to death but r ATE OF INURY Month, Day, Year) y Home, Farm, Street,	ADDRESS (Stre	24a, On the at the SIGNATU 24b, DATI 24d, PRON ON	e basis of examination date, and place in the common date, and pla	on and/or investigace and due to onth, Day, Year)	MAS CASE XAMINER Yes or No)	PCode) 3, 19, 38 Ay opinion death occ s stated. 24c. HOUR OF DE. Le. PRONOUNCED D. (Hour) AT Interval between and death Interval between and death REFERRED TO ME. LOR CORONER?	Orset Onset DICAL

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

Ilton B Coll, MD.

ALTON B. COBB, M.D. STATE HEALTH OFFICER

November 16, 1984

DAVID LOHRISCH STATE REGISTRAR

