		TO A G	6		CERTIFIC	ATE OF	DEATH	4	State	No		
	4.	0 9	DIEG ADE	CONFIDENTIAL PER	7.000	3.5						
		VAME (First, M)		CONFIDENTIAL PER	10 10-1-10-0		2. SEX		3a. TIME OF DEAT	H 3b. DATE C	OF DEATH (Month, Day, Yr.)	
E/PRINT IN	Larry M			s	Singleton		Mal		04:15A			
ANENT		CURITY NUMBER		e. AGE Last Birthday	5b. UNDER 1 YEA		1 DAY 6				(City and State or Foreign Cour	
CK INK			51		Months Day	ye Hours	Minutes	Dec 5,	1952	Jeffer	sonville, IN	
	8a. WAS DECEDENT A U.S. VETERAN?		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		Of .		Đa.		TH (Check only one			
					HOBPITAL: ER/Outpatient		204		OTHER: Nursing Home Other (Specify)			
EDENT	9b. FACILITY NAME (If not Institu						9a. CITY, 1	TOWN OR LOCATION OF DEATH		9d. COUN	TY OF DEATH	
	Floyd Memorial		1 Ho	spital			New	Albany	banv		Floyd	
	10. MARITAL STATUS		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECED		ENT'S USUAL OCCUPATION Most of working life. Do		ATION (Give kind of work 12b. KI		BUSINESS/INDUSTRY	
	Divorced 13a. RESIDENCE STATE		None				Truck Driver				Transportation	
					13c. CITY, TOWN	OR LOCATION						
	IN		Floyd		New Albany 15. WAS DECEDENT OF HISPANIC				1823 Conservative St			
	13e. ZIP CODE	13f. INSIDE CIT	Y LIMITS ¥Yœ	14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDI	ENT OF HISPANIC ☐ Yes (If yes, s	ORIGIN? peolfy Cuben,		18. RACE American Indian, Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
	13g. ON A I				Mexican, Puerto Rican, etc.)				(Specify)		Elementary/Geoondary (0-12) College (1-4	
	47150 Ø No □ Yes			USA					Whtie		10	
ENTS	18. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NAME (First, Middle, Mald					Sumame)		
	Jennings Singleton						Viola Tolliver					
DRMANT	20s. INFORMANT'S NAME (TypePrint)  20s. MAILING ADDRESS (Street and Number, or Regist Rough Number, City or Town, State, Zip Code)  20s. Relationship  20s. MAILING ADDRESS (Street and Number, or Regist Rough Number, City or Town, State, Zip Code)  20s. Relationship											
	Karrie L Ellis   Orleans, TN 47452   Daughter											
	☐ Buriel	Crementon		novel from State	other place		21, 20					
	☐ Donation	Other (Speci	(y)		Kraft-G				rk	New Alb	any, Indiana	
OSITION	22a. EMBALMER'S NAMÉ:				Kraft-Graceland Memori 22b. EMBALMER'S LICENSE NO.				23. WAS DEATH REPORTED TO CORONER?			
	Douglas Elsler				FD20	FD20200028			24 No ☐ Yes			
	248. SIGNATURE OF FUNERAL DIRECTOR				11 20				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kraft Funeral Services			
	-2	Km/	(or Licunson)	708 E. Spring Street								
	FD01015004 New Albany, ĪN 47150 830050000											
SE OF	26. PART I.	Enter the diseas		, or complications that of	sused the death. Do not neach line.	not enter nonspecif	lo terme, such	as cardiac or resp	olratory		Approximet Interval Bet	
	( /			/ /	. /	frie.	1.				Onset and I	
	IMMEDIATE CA	lon	_		OR AS A CONSEQUEN	Jalle	4					
	resulting in death	)	,	6. 6lg	2875						_	
E OF	Conditions, if any, which gave ties to the immediate ossue,											
E OF	ries to the immer	y, which gave					cA	1118/i	10			
E OF	rise to the immed	liste osuse,	)	· lufe	OR AS A CONSEQUEN	inelle	E of	war	<i>la</i>		_	
E OF	rise to the immed	liste osuse,	9	· lufe	wun	inelle	s of	wra	{G			
E OF	rise to the immed stating the under onuse last	liste cause, lying		gUJE DUE TO K	OR AS A CONSEQUEN	CPEUL CE OF):	27. WAS DE	CEDENT	(G 28a. WAS AN	AUTOPBY	28b. WERE AUTOPSY FINDIN	
E OF	PART II. Other	liste cause, lying significant conditi	ons - Condi	DUE TO (C	OR AS A CONSEQUENT	CE OF):	PREGN	ANT OR 90 DA' ARTUM?		ED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
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