

6300

VOL 1118 PAGE 49

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH  
79 008655  
STATE FILE NUMBER

61902

2-28 RV-2 8234

TYPE OR PRINT IN THE REMAINT INSTRUCTIONS SEE HANDBOOK		STATE BIRTH NUMBER		MIDDLE		LAST		SEX		DATE OF DEATH	
1. NAME - FIRST		2. AGE - LAST BIRTH DAY (Yr.)		3. UNDER 1 YEAR		4. UNDER 1 DAY		5. COUNTY OF DEATH		6. DATE OF DEATH	
7. CITY, TOWN OR LOCATION OF DEATH		8. PLACE		9. MOSES		10. HOURS		11. MIN.		12. COUNTY OF DEATH	
13. SOCIAL SECURITY NUMBER		14. RESIDENCE - STATE		15. CITY, TOWN OR LOCATION		16. STREET AND NUMBER		17. CITY OR TOWN		18. STATE	
19. FATHER - NAME FIRST		20. MIDDLE		21. LAST		22. MOTHER - MAIDEN NAME FIRST		23. MIDDLE		24. LAST	
25. INFORMANT - NAME (Type or Print)		26. MAILING ADDRESS		27. STREET OR R.F.D. NO.		28. CITY OR TOWN		29. STATE		30. ZIP	
31. 196. JULIA M. STUBBING		32. 146. 115 N 3RD CASTLE		33. GREENVILLE, S. C.		34. GREENVILLE, S. C.		35. S. C.		36. STATE	
37. BUREAU, CREATION, REMOVAL, OTHER (Specify)		38. CEMETERY OR CREMATOR - NAME		39. LOCATION		40. CITY OR TOWN		41. STATE		42. ZIP	
43. 198. DIRECTOR OF HEALTH		44. LIC. NO.		45. 501		46. 200. 300 PERRY AVE., GREENVILLE, S. C. 29601		47. ADDRESS OF FACILITY		48. LIC. NO.	
49. NAME OF FACILITY		50. LIC. NO.		51. 1600		52. 200. 300 PERRY AVE., GREENVILLE, S. C. 29601		53. ADDRESS OF FACILITY		54. LIC. NO.	
55. 210. In the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		56. DATE SIGNED		57. HOUR OF DEATH		58. 220. On the basis of examining and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		59. DATE SIGNED		60. HOUR OF DEATH	
61. 211. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		62. 212. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		63. 213. DATE SIGNED		64. 214. HOUR OF DEATH		65. 215. DATE SIGNED		66. 216. HOUR OF DEATH	
67. 217. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		68. 218. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		69. 219. DATE SIGNED		70. 220. HOUR OF DEATH		71. 221. DATE SIGNED		72. 222. HOUR OF DEATH	
73. 223. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		74. 224. DATE SIGNED		75. 225. HOUR OF DEATH		76. 226. DATE SIGNED		77. 227. HOUR OF DEATH		78. 228. DATE SIGNED	
79. 229. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		80. 230. DATE SIGNED		81. 231. HOUR OF DEATH		82. 232. DATE SIGNED		83. 233. HOUR OF DEATH		84. 234. DATE SIGNED	
85. 235. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		86. 236. DATE SIGNED		87. 237. HOUR OF DEATH		88. 238. DATE SIGNED		89. 239. HOUR OF DEATH		90. 240. DATE SIGNED	
91. 241. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		92. 242. DATE SIGNED		93. 243. HOUR OF DEATH		94. 244. DATE SIGNED		95. 245. HOUR OF DEATH		96. 246. DATE SIGNED	
97. 247. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		98. 248. DATE SIGNED		99. 249. HOUR OF DEATH		100. 250. DATE SIGNED		101. 251. HOUR OF DEATH		102. 252. DATE SIGNED	
103. 253. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		104. 254. DATE SIGNED		105. 255. HOUR OF DEATH		106. 256. DATE SIGNED		107. 257. HOUR OF DEATH		108. 258. DATE SIGNED	
109. 259. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		110. 260. DATE SIGNED		111. 261. HOUR OF DEATH		112. 262. DATE SIGNED		113. 263. HOUR OF DEATH		114. 264. DATE SIGNED	
115. 265. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		116. 266. DATE SIGNED		117. 267. HOUR OF DEATH		118. 268. DATE SIGNED		119. 269. HOUR OF DEATH		120. 270. DATE SIGNED	
121. 271. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		122. 272. DATE SIGNED		123. 273. HOUR OF DEATH		124. 274. DATE SIGNED		125. 275. HOUR OF DEATH		126. 276. DATE SIGNED	
127. 277. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		128. 278. DATE SIGNED		129. 279. HOUR OF DEATH		130. 280. DATE SIGNED		131. 281. HOUR OF DEATH		132. 282. DATE SIGNED	
133. 283. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		134. 284. DATE SIGNED		135. 285. HOUR OF DEATH		136. 286. DATE SIGNED		137. 287. HOUR OF DEATH		138. 288. DATE SIGNED	
139. 289. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		140. 290. DATE SIGNED		141. 291. HOUR OF DEATH		142. 292. DATE SIGNED		143. 293. HOUR OF DEATH		144. 294. DATE SIGNED	
145. 295. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		146. 296. DATE SIGNED		147. 297. HOUR OF DEATH		148. 298. DATE SIGNED		149. 299. HOUR OF DEATH		150. 300. DATE SIGNED	
151. 301. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		152. 302. DATE SIGNED		153. 303. HOUR OF DEATH		154. 304. DATE SIGNED		155. 305. HOUR OF DEATH		156. 306. DATE SIGNED	
157. 307. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		158. 308. DATE SIGNED		159. 309. HOUR OF DEATH		160. 310. DATE SIGNED		161. 311. HOUR OF DEATH		162. 312. DATE SIGNED	
163. 313. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		164. 314. DATE SIGNED		165. 315. HOUR OF DEATH		166. 316. DATE SIGNED		167. 317. HOUR OF DEATH		168. 318. DATE SIGNED	
169. 319. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		170. 320. DATE SIGNED		171. 321. HOUR OF DEATH		172. 322. DATE SIGNED		173. 323. HOUR OF DEATH		174. 324. DATE SIGNED	
175. 325. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		176. 326. DATE SIGNED		177. 327. HOUR OF DEATH		178. 328. DATE SIGNED		179. 329. HOUR OF DEATH		180. 330. DATE SIGNED	
181. 331. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		182. 332. DATE SIGNED		183. 333. HOUR OF DEATH		184. 334. DATE SIGNED		185. 335. HOUR OF DEATH		186. 336. DATE SIGNED	
187. 337. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		188. 338. DATE SIGNED		189. 339. HOUR OF DEATH		190. 340. DATE SIGNED		191. 341. HOUR OF DEATH		192. 342. DATE SIGNED	
193. 343. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		194. 344. DATE SIGNED		195. 345. HOUR OF DEATH		196. 346. DATE SIGNED		197. 347. HOUR OF DEATH		198. 348. DATE SIGNED	
199. 349. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		200. 350. DATE SIGNED		201. 351. HOUR OF DEATH		202. 352. DATE SIGNED		203. 353. HOUR OF DEATH		204. 354. DATE SIGNED	
205. 355. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		206. 356. DATE SIGNED		207. 357. HOUR OF DEATH		208. 358. DATE SIGNED		209. 359. HOUR OF DEATH		210. 360. DATE SIGNED	
211. 361. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		212. 362. DATE SIGNED		213. 363. HOUR OF DEATH		214. 364. DATE SIGNED		215. 365. HOUR OF DEATH		216. 366. DATE SIGNED	
217. 367. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		218. 368. DATE SIGNED		219. 369. HOUR OF DEATH		220. 370. DATE SIGNED		221. 371. HOUR OF DEATH		222. 372. DATE SIGNED	
223. 373. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		224. 374. DATE SIGNED		225. 375. HOUR OF DEATH		226. 376. DATE SIGNED		227. 377. HOUR OF DEATH		228. 378. DATE SIGNED	
229. 379. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		230. 380. DATE SIGNED		231. 381. HOUR OF DEATH		232. 382. DATE SIGNED		233. 383. HOUR OF DEATH		234. 384. DATE SIGNED	
235. 385. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		236. 386. DATE SIGNED		237. 387. HOUR OF DEATH		238. 388. DATE SIGNED		239. 389. HOUR OF DEATH		240. 390. DATE SIGNED	
241. 391. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		242. 392. DATE SIGNED		243. 393. HOUR OF DEATH		244. 394. DATE SIGNED		245. 395. HOUR OF DEATH		246. 396. DATE SIGNED	
247. 397. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		248. 398. DATE SIGNED		249. 399. HOUR OF DEATH		250. 400. DATE SIGNED		251. 401. HOUR OF DEATH		252. 402. DATE SIGNED	
253. 403. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		254. 404. DATE SIGNED		255. 405. HOUR OF DEATH		256. 406. DATE SIGNED		257. 407. HOUR OF DEATH		258. 408. DATE SIGNED	
259. 409. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		260. 410. DATE SIGNED		261. 411. HOUR OF DEATH		262. 412. DATE SIGNED		263. 413. HOUR OF DEATH		264. 414. DATE SIGNED	
265. 415. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		266. 416. DATE SIGNED		267. 417. HOUR OF DEATH		268. 418. DATE SIGNED		269. 419. HOUR OF DEATH		270. 420. DATE SIGNED	
271. 421. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		272. 422. DATE SIGNED		273. 423. HOUR OF DEATH		274. 424. DATE SIGNED		275. 425. HOUR OF DEATH		276. 426. DATE SIGNED	
277. 427. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		278. 428. DATE SIGNED		279. 429. HOUR OF DEATH		280. 430. DATE SIGNED		281. 431. HOUR OF DEATH		282. 432. DATE SIGNED	
283. 433. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		284. 434. DATE SIGNED		285. 435. HOUR OF DEATH		286. 436. DATE SIGNED		287. 437. HOUR OF DEATH		288. 438. DATE SIGNED	
289. 439. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		290. 440. DATE SIGNED		291. 441. HOUR OF DEATH		292. 442. DATE SIGNED		293. 443. HOUR OF DEATH		294. 444. DATE SIGNED	
295. 445. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		296. 446. DATE SIGNED		297. 447. HOUR OF DEATH		298. 448. DATE SIGNED		299. 449. HOUR OF DEATH		300. 450. DATE SIGNED	
301. 451. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		302. 452. DATE SIGNED		303. 453. HOUR OF DEATH		304. 454. DATE SIGNED		305. 455. HOUR OF DEATH		306. 456. DATE SIGNED	
307. 457. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		308. 458. DATE SIGNED		309. 459. HOUR OF DEATH		310. 460. DATE SIGNED		311. 461. HOUR OF DEATH		312. 462. DATE SIGNED	
313. 463. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		314. 464. DATE SIGNED		315. 465. HOUR OF DEATH		316. 466. DATE SIGNED		317. 467. HOUR OF DEATH		318. 468. DATE SIGNED	
319. 469. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		320. 470. DATE SIGNED		321. 471. HOUR OF DEATH		322. 472. DATE SIGNED		323. 473. HOUR OF DEATH		324. 474. DATE SIGNED	
325. 475. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		326. 476. DATE SIGNED		327. 477. HOUR OF DEATH		328. 478. DATE SIGNED		329. 479. HOUR OF DEATH		330. 480. DATE SIGNED	
331. 481. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		332. 482. DATE SIGNED		333. 483. HOUR OF DEATH		334. 484. DATE SIGNED		335. 485. HOUR OF DEATH		336. 486. DATE SIGNED	
337. 487. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		338. 488. DATE SIGNED		339. 489. HOUR OF DEATH		340. 490. DATE SIGNED		341. 491. HOUR OF DEATH		342. 492. DATE SIGNED	
343. 493. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		344. 494. DATE SIGNED		345. 495. HOUR OF DEATH		346. 496. DATE SIGNED		347. 497. HOUR OF DEATH		348. 498. DATE SIGNED	
349. 499. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		350. 500. DATE SIGNED		351. 501. HOUR OF DEATH		352. 502. DATE SIGNED		353. 503. HOUR OF DEATH		354. 504. DATE SIGNED	
355. 505. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		356. 506. DATE SIGNED		357. 507. HOUR OF DEATH		358. 508. DATE SIGNED		359. 509. HOUR OF DEATH		360. 510. DATE SIGNED	
361. 511. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		362. 512. DATE SIGNED		363. 513. HOUR OF DEATH		364. 514. DATE SIGNED		365. 515. HOUR OF DEATH		366. 516. DATE SIGNED	
367. 517. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		368. 518. DATE SIGNED		369. 519. HOUR OF DEATH		370. 520. DATE SIGNED		371. 521. HOUR OF DEATH		372. 522. DATE SIGNED	
373. 523. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		374. 524. DATE SIGNED		375. 525. HOUR OF DEATH		376. 526. DATE SIGNED		377. 527. HOUR OF DEATH		378. 528. DATE SIGNED	
379. 529. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		380. 530. DATE SIGNED		381. 531. HOUR OF DEATH		382. 532. DATE SIGNED		383. 533. HOUR OF DEATH		384. 534. DATE SIGNED	
385. 535. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		386. 536. DATE SIGNED		387. 537. HOUR OF DEATH		388. 538. DATE SIGNED		389. 539. HOUR OF DEATH		390. 540. DATE SIGNED	
391. 541. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		392. 542. DATE SIGNED		393. 543. HOUR OF DEATH		394. 544. DATE SIGNED		395. 545. HOUR OF DEATH		396. 546. DATE SIGNED	
397. 547. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		398. 548. DATE SIGNED		399. 549. HOUR OF DEATH		400. 550. DATE SIGNED		401. 551. HOUR OF DEATH		402. 552. DATE SIGNED	
403. 553. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		404. 554. DATE SIGNED		405. 555. HOUR OF DEATH		406. 556. DATE SIGNED		407. 557. HOUR OF DEATH		408. 558. DATE SIGNED	
409. 559. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		410. 560. DATE SIGNED		411. 561. HOUR OF DEATH		412. 562. DATE SIGNED		413. 563. HOUR OF DEATH		414. 564. DATE SIGNED	
415. 565. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		416. 566. DATE SIGNED		417. 567. HOUR OF DEATH		418. 568. DATE SIGNED		419. 569. HOUR OF DEATH		420. 570. DATE SIGNED	
421. 571. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		422. 572. DATE SIGNED		423. 573. HOUR OF DEATH		424. 574. DATE SIGNED		425. 575. HOUR OF DEATH		426. 576. DATE SIGNED	
427. 577. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		428. 578. DATE SIGNED		429. 579. HOUR OF DEATH		430. 580. DATE SIGNED		431. 581. HOUR OF DEATH		432. 582. DATE SIGNED	
433. 583. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		434. 584. DATE SIGNED		435. 585. HOUR OF DEATH		436. 586. DATE SIGNED		437. 587. HOUR OF DEATH		438. 588. DATE SIGNED	
439. 589. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		440. 590. DATE SIGNED		441. 591. HOUR OF DEATH		442. 592. DATE SIGNED		443. 593. HOUR OF DEATH		444. 594. DATE SIGNED	
445. 595. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		446. 596. DATE SIGNED		447. 597. HOUR OF DEATH		448. 598. DATE SIGNED		449. 599. HOUR OF DEATH		450. 600. DATE SIGNED	
451. 601. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		452. 602. DATE SIGNED		453. 603. HOUR OF DEATH		454. 604. DATE SIGNED		455. 605. HOUR OF DEATH		456. 606. DATE SIGNED	
457. 607. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		458. 608. DATE SIGNED		459. 609. HOUR OF DEATH		460. 610. DATE SIGNED		461. 611. HOUR OF DEATH		462. 612. DATE SIGNED	
463. 613. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		464. 614. DATE SIGNED		465. 615. HOUR OF DEATH		466. 616. DATE SIGNED		467. 617. HOUR OF DEATH		468. 618. DATE SIGNED	
469. 619. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR COMPERT) (Type or Print)		470. 620. DATE SIGNED		471. 621. HOUR OF DEATH		472. 622. DATE SIGNED		473. 623. HOUR OF DEATH		474. 62	