

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025686

X FILED VS JUL 29 1959 60

Registration District No. \_\_\_\_\_ Primary Registration District No. 559 Registrar's No. 103

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>WINNEBAGO</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		Length of stay in 1b	c. CITY OR TOWN <b>ROCKFORD TWP.</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 61-67</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>PRAIRIE, Rd.</b>

3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>G.</b> Last <b>Billips</b> Sr.			4. DATE OF DEATH Month <b>7</b> Day <b>18</b> Year <b>59</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-12-32</b>	9. AGE (last birthday) <b>27</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SUNDSTRAND CO.</b>	11. BIRTHPLACE (City and state or country) <b>Pocahontas, ARK.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Chester Billips</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>BARBARA Hughes</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Tom Hughes Rockford, Ill.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Multiple Fractures AND INTERNAL INJURIES</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>TWO CAR ACCIDENT.</b>
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20c. TIME OF INJURY <b>5:15</b> Hour _____ Month, Day, Year <b>7/18/59</b> p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	20f. CITY, TOWN, OR LOCATION <b>JOACHIM TWP. JEFF.</b>	COUNTY <b>Mo.</b>	STATE
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21. I attended the deceased from **INQUEST** to \_\_\_\_\_ and last saw him live on \_\_\_\_\_  
Death occurred at **5:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>James B. Palittel</b>	(Degree or title)	22b. ADDRESS <b>Fulton, Mo.</b>	22c. DATE SIGNED <b>7/20/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rockford</b>	23d. LOCATION (City, town, or county) (State) <b>Rockford, Illinois</b>
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24. FUNERAL DIRECTOR <b>Geney R. Palittel</b>	ADDRESS <b>Metall City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-20-59</b>	26. REGISTRAR'S SIGNATURE <b>James B. Palittel</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gentry R. Politt

Licensed Embalmer No. 348

P. O. Address Crystal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above, constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.