

**RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-031147**

**FILED VS SEP 14 1959**

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 141

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> COUNTY <b>Cook</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Length of stay in 1b <b>24 hours</b>		c. CITY OR TOWN <b>Oak Park</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbons hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>813 Clinton Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Helen</b> Middle <b>Elizabeth</b> Last <b>Mansen</b>				4. DATE OF DEATH Month <b>September</b> Day <b>9th</b> Year <b>1959</b>					
5. SEX <b>Female</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>3-22-1902</b>		9. AGE (last birthday) <b>57</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Rockford, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>John Brown</b>			13b. MOTHER'S MAIDEN NAME <b>Grace Ruggles</b>			14. NAME OF HUSBAND OR WIFE <b>Bernardus H. Mansen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>637 Northbury Ave.</b> <b>John F. Mansen, Lombard, Illinois</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Irreversible Shock</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ruptured Abdominal Aorta 24 hrs.</b> DUE TO (c) <b>Trauma from Car Accident 24 hrs.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) <b>1) Sever Fracture of St. Femur 2) Peritonitis</b> 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 INTERVAL BETWEEN ONSET AND DEATH <b>20 hours.</b>									
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>In Car Struck by Truck</b>					
20c. TIME OF INJURY Hour <b>2:45</b> Month, Day, Year <b>Sept 8, 59</b>		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 #65</b>		20f. CITY, TOWN, OR LOCATION <b>Saline Mo.</b>		COUNTY STATE	
21. I attended the deceased from <b>8 Sept '59</b> to <b>9 Sept 59</b> and last saw her alive on <b>9 Sept 59</b> Death occurred at <b>2:45</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>E. L. McCorkle M.D.</b>				22b. ADDRESS <b>Marshall Mo</b>				22c. DATE SIGNED <b>10 Sept 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-II-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Gardens West</b>		23d. LOCATION (City, town, or county) (State) <b>Elmhurst, Illinois</b>			
24. FUNERAL DIRECTOR <b>Campbell-Lewis, Marshall, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-10-59</b>		26. REGISTRAR'S SIGNATURE <b>Carl J. Reed</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 18 1958

**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. \_\_\_\_\_

working under my personal supervision.

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

Signed R.W. Campbell

Licensed Embalmer No. 346

P. O. Address Marsha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.