

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032079

FILED VS. SEP 28 1959

Registration District No. 728

Primary Registration District No. /

Registrar's No. 997

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Cook			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Campbell Twnshp		Length of stay in 1b Unknown		c. CITY OR TOWN Chicago		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. W. Springfield			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3729 W. 24th. Street		
3. NAME OF DECEASED (Type or print) First JOHN Middle JEROME Last TURZA				4. DATE OF DEATH Month September Day 20 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-4-33	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Varied		11. BIRTHPLACE (City and state or country) Peshtigo, Wis.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Turza			13b. MOTHER'S MAIDEN NAME Mary Drong			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or det.: of service) Yes Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address John Turza, Peshtigo, Wis.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation - Carbon Monoxide						INTERVAL BETWEEN ONSET AND DEATH ?	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He was found in his automobile parked on a County road. There was a hose attached to					
20c. TIME OF INJURY 1:00	Hour a.m. 1:00	Month, Day, Year 9/20/1959	the exhaust pipe and run through the right rear window. No note. Aparantly done by himself.				
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.) county road		20f. CITY, TOWN, OR LOCATION Greene		COUNTY STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at approx 1:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Reginald Greim Greene Co. Corner				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 9-22-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 22, 59	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Peshtigo, Wis.		
24. FUNERAL DIRECTOR ADDRESS AYRE & GOODWIN Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 9-24-59	26. REGISTRAR'S SIGNATURE Effie S. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 16 1960

VS OCT 14 1959

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey [Signature]
Licensed Embalmer No. 4594

P. O. Address Springfield,

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.