

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041288

FILED VS NOV 23 1959 278

278

Primary Registration District No. 2054

Registrar's No. 134

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL b. COUNTY PIKE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in 1b 50 DAYS		c. CITY OR TOWN ROCKPORT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) UNKNOWN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle WARD Last WARD			4. DATE OF DEATH Month NOV Day 2 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 3-13-1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSERY LABOR		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) PIKE CO, ILL		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. 326-327917		17. INFORMANT ERNEST WARD, ROCKPORT ILL			
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) Cerebral embolism						sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic cardio-vascular disease with cardiac hypertrophy and dilatation.					5 yrs	
	DUE TO (c) Complete heart block						
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 type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11/14/58 to 11/2/59 and last saw ^{her} him alive on 11/2/59				Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas. H. Luellen			22b. ADDRESS M.D. Louisiana, Missouri			22c. DATE SIGNED 11/3/59	
23a. REMOVAL (Specify)	23b. DATE 11-2-1959	23c. NAME OF CEMETERY OR CREMATORY SHEARER CEMETERY DEW CANTON ILL.		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Sterner Funeral Home Louisiana		ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 13 1959	26. REGISTRAR'S SIGNATURE Delmer Culver		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

