

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016410

FILED VS APR 20 1960

278

Registration District No. 278-5957

Registrar's No. 5957

STATE FILE NUMBER 63

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Pike</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>Prairieville Township</b>		Length of stay in 1b <b>1 year</b>	c. CITY OR TOWN <b>Chicago</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>Eolia, Mo. R.F.D. 2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2806 N. Keating</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>H.</b> Last <b>Dollinger</b>			4. DATE OF DEATH Month <b>April</b> Day <b>17</b> Year <b>1960</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>July 18, 02 57</b>	9. AGE (last birthday) <b>57</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>Tavern operator &amp; owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ernest Dollinger</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Werner</b>		14. NAME OF HUSBAND OR WIFE <b>Johanna Dollinger</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>Unknown</b>		17. INFORMANT <b>2806 N. Keating Johanna Dollinger, Chicago, Ill.</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>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>?</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	
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 _____ to _____ and last saw him alive on <b>April 17</b> Death occurred at <b>9 A M</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. O. Mudd Coroner</b>			22b. ADDRESS <b>Beverly Green Mo.</b>		22c. DATE SIGNED <b>April 17-60</b>
23a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>	23b. DATE <b>April 18, 60</b>	23c. NAME OF CEMETERY OR CREMATORY *****		23d. LOCATION (City, town, or county) <b>Chicago, Illinois</b>	
24. FUNERAL DIRECTOR <b>Geo. M. Collier, Louisville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Apr 17, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Under Secretary's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

APR 26 1980

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

*Geo. M. Collier*

Licensed Embalmer No.

*383*

P. O. Address

*Louisiana*

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