

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

43

Primary Registration District No. _____ Registrar's No. _____

368

=60-022467
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Champaign		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Township		Length of stay in job Driving Thru.		c. CITY OR TOWN Urbana	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 67 North		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 14 Montclair	
3. NAME OF DECEASED (Type or print) First Betty Middle Schusterman Last Gottlieb			4. DATE OF DEATH Month June Day 18 , Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/15/1909	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 11 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) New York City	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Nathan Schusterman		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE David Gottlieb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT David Gottlieb, Urbana, Illinois.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Automobile and Truck accident 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		INTERVAL BETWEEN ONSET AND DEATH Instant	
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.) automobile and Truck collision			
20c. TIME OF INJURY Hour 11:40 a.m. Month, Day, Year 6-18-60	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.) State Highway 24	20f. CITY, TOWN, OR LOCATION Poplar Bluff Twp.	COUNTY Butler	STATE MO
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 11:40 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Grover W. Green Coroner			22b. ADDRESS Poplar Bluff Mo		22c. DATE SIGNED 6-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) 1 & Cremation	23b. DATE 6/20/60	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff Mo.		25. DATE RECD. BY LOCAL REG. 6/28/60	26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 1 1960

SEP 30 1960

OCT 3 1960

Handwritten notes:
The above mentioned body
was embalmed by
the undersigned

STATEMENT BY LICENSED EMBALMER

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 Edgar W. [Signature]
Licensed Embalmer No. 133

P. O. Address Poplar [Signature]

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.