

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026520

FILED VS JUL 25 1960

Registration District No. 178 Primary Registration District No. 2000 Registrar's No. 778

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				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 1 DAY		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 BURGE-PROTESTANT HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ESTHER Middle MARTINEZ Last				4. DATE OF DEATH Month JULY , Day 17 , Year 1960				
5. SEX FEMALE	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 4/19/59	9. AGE (last birthday) 14 MONTHS	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) INFANT			10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) CHICAGO, ILL.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOSEPH MARTINEZ			13b. MOTHER'S MAIDEN NAME ELIA SALDIBAR			14. NAME OF HUSBAND OR WIFE X		
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. NONE		17. INFORMANT Address MRS ELIA MARTINEZ, CHICAGO, ILL.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central nervous system damage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acidosis - dehydration DUE TO (c) Santa enteritis							INTERVAL BETWEEN ONSET AND DEATH 5 days.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia, atelectasis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 7-14-60 to 7-17-60 and last saw her/him alive on 7-17-60 Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) David D. Thompson MD				22b. ADDRESS 600 S. Elm St			22c. DATE SIGNED 7-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7/17/60	23c. NAME OF CEMETERY OR CREMATORY ST MARY'S CEMETERY		23d. LOCATION (City, town, or county) (State) EVERGREEN PARK, ILLINOIS			
24. FUNERAL DIRECTOR ADDRESS HERMAN H. LOHMEYER, SPRINGFIELD, MO				25. DATE RECD. BY LOCAL REG. 7-22-60		26. REGISTRAR'S SIGNATURE Effie S. Melton		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Paul Lohmeyer*

Licensed Embalmer No. 4134

P. O. Address Springfield

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.