

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

=60-030205

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 913

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b _____	c. CITY OR TOWN <u>Melrose Park</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>O.O.A. Burge-Prot.Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>1520 N. 24th Avenue</u>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>May</u> Middle <u>Irene</u> Last <u>Chu</u>			4. DATE OF DEATH Month <u>August</u> Day <u>31</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Chinese</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/26/51</u>	9. AGE (last birthday) <u>9</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Melrose Park, Illinois U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Chien F. Chu</u>		13b. MOTHER'S MAIDEN NAME <u>Tieh Tuan</u>		14. NAME OF HUSBAND OR WIFE <u>1520 N. 24th Avenue Melrose Park, Ill.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Chien F. Chu</u>	

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) <u>Drowning</u>		
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	
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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.) <u>She was wading in a small swimming pool at Motel on City Route 66 1 mile east of Springfield. She slipped under the water and drowned.</u>	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g. farm, factory, street, office building, etc.) <u>Motel</u>	20d. CITY, TOWN, OR LOCATION <u>Springfield, Greene, Missouri</u>	STATE <u>Missouri</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at Approx. 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>Ralph H. Greene</u> (Degree or title) <u>Greene County Coroner</u>		22b. ADDRESS <u>Springfield, Missouri</u>	22c. DATE SIGNED <u>9/1/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/1/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAYWOOD</u>	23d. LOCATION (City, town, or county) (State) <u>MAYWOOD, Illinois</u>
24. FUNERAL DIRECTOR <u>Ralph Thieme, Springfield, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>9-2-60</u>	26. REGISTRAR'S SIGNATURE <u>Effie B. Meeton</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1960

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 Harold F. [Signature]

Licensed Embalmer No. 507

P. O. Address [Signature]

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