

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 13 days	c. CITY OR TOWN Carlinville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 302 Harrington
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Cindy	Middle Jayne	Last Magurie	4. DATE OF DEATH	Month 8	Day 15	Year 60
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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 12-27-59	9. AGE (last birthday)	IF UNDER 1 YEAR Months 7 Days 13	IF UNDER 24 HR Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Carlinville, Ill.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME James Maguire	13b. MOTHER'S MAIDEN NAME Nance Gutheir	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Ann Cecil	Address
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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)	Cardiac arrest	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (stating the underlying cause last). DUE TO (b)	2nd & 3rd degree burns, 20% body	
DUE TO (c)	917.0 -17	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) 5 yr old sibling turned hot water on while in tub with deceased. Sibling jumped out but infant could not.
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20c. TIME OF INJURY Hour 8 Month 8 Day 11 Year 60 a.m. p.m.	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.) Home	20f. CITY, TOWN, OR LOCATION Carlinville	COUNTY Macoupin	STATE Ill.
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21. I attended the deceased from 8-2-60 to 8-15-60 and last saw her alive on 8-15-60 Death occurred at 8:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS 500 South Kingshighway Blvd.,	22c. DATE SIGNED 8/16/60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 8/16/60	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) Carlinville, Illinois.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc.,	ADDRESS 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG. AUG 16 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

J. W. Dumbay

Licensed Embalmer No. 5653

P. O. Address 111 E. 1st St.

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