

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038917

FILED VS OCT 17 1960 179

5667

Registrar's No. 133

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Cook</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bedford Twp</b>		Length of stay in 1b <b>15 Min.</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>Lincoln Co. Memorial Hosp</b>		Inside Limits <b>No</b> <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1806 N. Long Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Sylvester</b> Middle <b>Louis</b> Last <b>Germain</b>			4. DATE OF DEATH Month <b>October</b> Day <b>4</b> Year <b>1960</b>	
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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>1/29/04</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unk.</b>	11. BIRTHPLACE (City and state or country) <b>Benton, Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Edward Germain</b>	13b. MOTHER'S MAIDEN NAME <b>Emily Wittington</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Germain</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Unk</b>	16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT <b>Arnold Meyer, Chicago, Ill.</b>	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: IMMEDIATE CAUSE (a) <b>Crushed Chest &amp; Fractured Neck</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
DUE TO (b) <b>Automobile Accident.</b>		
DUE TO (c) <b>(Coroner's Jury Verdict)</b>		
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 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.) <b>Subject was driving car and it went out of</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year <b>control turning over. Subject was thrown from Car.</b>
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Hiway #40</b>	20f. CITY, TOWN, OR LOCATION <b>Near Jonesburg, Missouri</b>	COUNTY _____ STATE _____
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>Joseph J. Manth</i> Coroner	22b. ADDRESS <b>351 Monroe St. Troy, Mo.</b>	22c. DATE SIGNED <b>10/10/60</b>
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23. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/5/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valpariso, Ind.</b>	23d. LOCATION (City, town, or county) (State) <b>Valpariso, Ind.</b>
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24. FUNERAL DIRECTOR <b>C.A. Harding, Jonesburg, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>10-13-1960</b>	26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 1960

**STATEMENT BY LICENSED EMBALMER**

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

*Carl A. Nardiny*

Licensed Embalmer No. 4115

P. O. Address Jonesburg, Miss

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.