

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-040660
STATE FILE NUMBER

XC 16 784 799 R# A-1549

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3144

FILED VS NOV 9 1960

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST. LOUIS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS,		a. STATE ILLINOIS b. COUNTY MADISON		c. CITY OR TOWN WOOD RIVER	
Length of stay in lb 113		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 830 LORENA AVENUE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First EZRA		Middle SCHOUTEN		Last SCHOUTEN		Month 10 Day 30 Year 1960	
5. SEX MALE	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 9-20-86	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STILLMAN		10b. KIND OF BUSINESS OR INDUSTRY STANDARD OIL CO.		11. BIRTHPLACE (City and state or country) GRENALO, KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ELAGIH SCHOUTEN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EDITH SCHOUTEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 341-09-8709		17. INFORMANT MRS. EDITH SCHOUTEN 830 LORENA WOODRIVER / ILLINOIS			
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) ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE						4 MONTHS	
DUE TO (b) ARTERIOSCLEROSIS GENERAL						8 YEARS	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS						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 type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20e. TIME OF INJURY Hour 1:40 a.m. p.m.		20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20g. CITY, TOWN, OR LOCATION		20h. COUNTY STATE	
21a. Attended the deceased from 7-9-60 to 10-30-60 and last saw her/him alive on _____				21b. Death occurred at 1:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. C. Oppler (Degree or title) DR. OPPLER / DIRECTOR PROFESSIONAL SERVICE VAH, JEFF BRKS 25, MO				22b. ADDRESS WOOD RIVER, ILLINOIS		22c. DATE SIGNED 10-30-60	
23a. BURIAL, CREMATION, or REMOVAL (Specify) REMOVAL		23b. DATE 10-31-60		23c. NAME OF CEMETERY OR CREMATORY ELSAH		23d. LOCATION (City, town, or county) (State) WOOD RIVER, ILLINOIS	
24. FUNERAL DIRECTOR MARKS MORTUARY 637 LORENA WOOD RIVER ILL				25. DATE RECD. BY LOCAL REG. 10-31-60		26. REGISTRAR'S SIGNATURE [Signature]	

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 H.E. Markel

Licensed Embalmer No. 4338

P. O. Address Wood River, Ill

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.