

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044868

FILED VS NOV 22 1960 338

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 29

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Stoddard Castor Twp.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) c. TOWN Bloomfield		Length of stay in 1b 1 day		c. CITY OR TOWN Fithian		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd. 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Bryan Last White				4. DATE OF DEATH Month Oct. Day 24, 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 1-17-99	9. AGE (last birthday) 61	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) Foundry Worker			10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry		11. BIRTHPLACE (City and state or country) Wayne Co., Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles White			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Pheobe Agnes White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 353-18-7214		17. INFORMANT Address Leonard White St. Joseph, 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) Coronary Occlusion DUE TO (b) ASFA DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 40 years	
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 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 Month, Day, Year a.m. p.m.								
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 10-24-60 to 10-24-60 and last saw him alive on 10-24-60 Death occurred at 12:30/PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Stephen Paul Baker</i>				22b. ADDRESS Bloomfield, Ill.			22c. DATE SIGNED 11-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-26-60	23c. NAME OF CEMETERY OR CREMATORY Stearns Cemetery		23d. LOCATION (City, town, or county) (State) Fithian, Ill.			
24. FUNERAL DIRECTOR ADDRESS Watkins & Sons Dexter, Mo.			25. DATE RECD. BY LOCAL REG. 11-18-60		26. REGISTRAR'S SIGNATURE <i>Mrs. George L. Baker</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS. NOV 22 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 *W. W. Withers*

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo

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.