

STANDARD CERTIFICATE OF DEATH

State File No. 43697

FILED JAN 3 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Illinois b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon, Route # 5.	
c. LENGTH OF STAY (in this place) 7 hours		d. STREET ADDRESS (If rural, give location) 4 miles north Mt. Vernon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Wendell b. (Middle) Eugene c. (Last) Foster			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1951	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married	8. DATE OF BIRTH Jan. 4, 1931	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 10 Days 11	IF UNDER 2 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. manager		10b. KIND OF BUSINESS OR INDUSTRY Department store		11. BIRTHPLACE (State or foreign country) Mt. Vernon, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Murland Foster		13b. MOTHER'S MAIDEN NAME Martha Marie Mack		14. NAME OF HUSBAND OR WIFE -----	
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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) No		16. SOCIAL SECURITY NO. 342-24-2671		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Murland Foster, Mt. Vernon, Ill.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto accident. Unavoidable				INTERVAL BETWEEN ONSET AND DEATH 9 hours	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull fracture on left side of head -					
		DUE TO (c) E 8161 26					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Highway 40 -		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Marshall Saline Mo -	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 23, 1951, 2:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car ran into the rear of trailer truck	
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22. I hereby certify that I attended the deceased from **Dec 24, 1951**, 19**51**, that I last saw the deceased alive on **Dec 24, 1951**, and that death occurred at **9** a.m., from the causes and on the date stated above.

23a. SIGNATURE P.L. Lawless Coroner Saline Co.		(Degree or title)		23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 12-24-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Oakwood cemetery		24d. LOCATION (City, town, or county) (State) Mt. Vernon, Ill.	
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DATE REC'D BY LOCAL REG. Dec. 24-1951		REGISTRAR'S SIGNATURE Sidney T Gray		385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAMPBELL-LEWIS-MARSHALL-Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

372

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-2-52

JAN 1 0 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Campbell Jr.

Licensed Embalmer No. 3969

P. O. Address Marshall, Mo.

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 this body is not embalmed, fact should be so stated above.