

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016058

STATE FILE NUMBER

FILED VS MAY 12 1960

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 120

ENDED

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Length of stay in 1b		c. CITY OR TOWN MACOMB		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 316 W. JACKSON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LEO Middle EUGENE Last SULLIVAN				4. DATE OF DEATH Month MAY Day 10 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 3-23-1902		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 1 Days 10		IF UNDER 24 HR Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN				10b. KIND OF BUSINESS OR INDUSTRY J.C. PENNY		11. BIRTHPLACE (City and state or country) JANESVILLE WIS		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME JOE B. SULLIVAN				13b. MOTHER'S MAIDEN NAME MARGARET FANNING				14. NAME OF HUSBAND OR WIFE CLARE E. SULLIVAN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN				16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address CLARE E. SULLIVAN MACOMB 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) Air Embolism										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Laceration of Subclavian Vessels											
		DUE TO (c) Multiple rib fractures with Pneumo-hemothorax											
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 checked="" 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.) Automobile Accident - thrown from Auto.									
20c. TIME OF INJURY Hour 12:40 Month, Day, Year MAY 10, 1960		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 MACOMB		COUNTY ILL.		STATE			
21. I attended the deceased from May 10, 1960 to May 10, 1960 and last saw him alive on May 10, 1960 Death occurred at 12:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE George Gandy (Degree or title)				22b. ADDRESS Marceline Wisconsin				22c. DATE SIGNED 5-10-60					
23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		23b. DATE 5-13-60		23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEM. ST. PAUL				23d. LOCATION (City, town, or county) (State) MACOMB ILL.					
24. FUNERAL DIRECTOR MILLER-TILLOTSON ADDRESS MARCELINE ILL.				25. DATE RECD. BY LOCAL REG. 5-11-60		26. REGISTRAR'S SIGNATURE Brookie Owens							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1960

JUN 3 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 Silburn K. Tella

Licensed Embalmer No. 450

P. O. Address March

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.