

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-018588**

**FILED VS JUN 1 1960**

Registration District No. 50 Primary Registration District No. 5180 Registrar's No. 21 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warren Township</u>		Length of stay in lb minutes <u>minutes</u>	c. CITY OR TOWN <u>Barrington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>21 Otis Road</u>	
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>Richard</u> Last <u>Esh</u>			4. DATE OF DEATH Month <u>May</u> Day <u>26</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 30, 1918</u>	9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Chicago, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Richard O. Esh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary I. Gennis</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth E. Esh</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Richard O. Esh</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Trauma &amp; Suffocation</u> DUE TO (b) <u>Air Plane Wreck &amp; Burning of Plane</u> DUE TO (c) <u>Unable to make landing on field</u> 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"/> UnknownINTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
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.) <u>Burned beyond recognition</u>			
20c. TIME OF INJURY Hour <u>3:30</u> Month, Day, Year <u>May 26 60</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>near air port</u>	
20f. CITY, TOWN, OR LOCATION <u>Camden</u>		20g. COUNTY <u>Camden</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>May 26-60</u> to <u>May 26-60</u> and last saw her alive on <u>May 26-60</u> . Death occurred at <u>3:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Typed or printed) <u>Abbie Banks Woolery, Coroner</u>			22b. ADDRESS <u>Camden, Mo</u>		22c. DATE SIGNED <u>May 27-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>5/28/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		23d. LOCATION (City, town, or county) <u>Barrington, Illinois</u>
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u>		ADDRESS <u>Camdenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 28-1960</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. Draw</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0881 T NCP

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

*Walter P. Hughes*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.