

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027518

FILED VS AUG 10 1960

178

Primary Registration District No.

Registrar's No.

75

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY WILLIAMSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA BELLE TWSP.		c. CITY OR TOWN MARION	
Length of stay in 1b XXXXXXX		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. S.E. Lewistown		d. STREET ADDRESS (If outside, give location) 104 So. 3rd. St.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARSHALL W. CLOSE			4. DATE OF DEATH Month JULY Day 28 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 9/22/15		9. AGE (last birthday) 44		IF UNDER 1 YEAR		IF UNDER 24 HR	
				Months		Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY HOUSING		11. BIRTHPLACE (City and state or country) LINDEN, MICHIGAN		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME E. J. CLOSE		13b. MOTHER'S MAIDEN NAME MARTHA BARKER		14. NAME OF HUSBAND OR WIFE LOUISE MANIER CLOSE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If YES, give branch or service) XXXXXXXXXX		16. SOCIAL SECURITY NO. 384-10-8655		17. INFORMANT Address LOUISE CLOSE, MARION, ILLINOIS			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BROKEN NECK, CRUSHED CHEST						INTERVAL BETWEEN ONSET AND DEATH INSTANT	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							

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	
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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.) TRUCK LEFT HIGHWAY AND OVERTURNED			
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20c. TIME OF INJURY Hour 4:25 a.m. 7/28/60							
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) HIWAY 6 SE Jct. 6&16		20f. CITY, TOWN, OR LOCATION LEWIS MISSOURI		COUNTY STATE	
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at **4:25 C.D.T.** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) <i>Carl H. Buckley, Coroner</i>			21b. ADDRESS <i>Centerville, Mo.</i>			22c. DATE SIGNED 7/29/60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7/28/60		23c. NAME OF CEMETERY OR CREMATORY UNKNOWN		23d. LOCATION (City, town, or county) (State) MARION, ILLINOIS	
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24. FUNERAL DIRECTOR ADDRESS <i>Charles L. Arnold, Jr.</i> LEWISTOWN, MO.		25. DATE RECD. BY LOCAL REG. 8-3-'60		26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i>			
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(Licensed Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 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 Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, M

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.