

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046876

FILED VS DEC 28 1960

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Wisc</b> b. COUNTY <b>Door</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monroe City</b>		Length of stay in 1b <b>2 weeks</b>	c. CITY OR TOWN <b>Sturgeon Bay</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Near 315 N. Vine St.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Unknown</b>	
3. NAME OF DECEASED (Type or print) First <b>Fred Richard</b> Middle <b>Eytcheson</b> Last <b>Eytcheson</b>			4. DATE OF DEATH Month <b>December</b> Day <b>16</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/23/28</b>	9. AGE (last birthday) <b>32</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>23</b>
IF UNDER 24 HR Hours <b></b> Min. <b></b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chicago Bridge &amp; Iron Co. Chicago</b>	11. BIRTHPLACE (City and state or country) <b>Hayward, Wisc</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>Fred Eytcheson</b>		13b. MOTHER'S MAIDEN NAME <b>Sadie Emory</b>		14. NAME OF HUSBAND OR WIFE <b>Lois Schultz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW#2</b>		16. SOCIAL SECURITY NO. <b>391-24-8449</b>	17. INFORMANT <b>Mrs. Lois Eytcheson</b> Address <b>Hayward Wisc.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CRUSHED CHEST AND BODY INJURY</b>					INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>FALL FROM 85FT WATER TOWER WHILE UNDER CONSTRUCTION</b>			
20c. TIME OF INJURY Hour <b>1</b> p.m. Month, Day, Year <b>12-16th60</b>	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.) <b>300 Block Vine Street</b>	20f. CITY, TOWN, OR LOCATION <b>MONROE CITY</b>	COUNTY <b>MONROE</b>	STATE <b>MO.</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>1:00 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Russell D. Wilson</b> CORONER			22b. ADDRESS <b>MONROE CITY, MISSOURI</b>		22c. DATE SIGNED <b>12-19-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12/17/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	23d. LOCATION (City, town, or county) (State) <b>Hayward, Sawyer Co., Wisc.</b>		
24. FUNERAL DIRECTOR <b>Harold V. Garner, Monroe City, Mo.</b>		ADDRESS <b>Greenwood</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 19-1960</b>	26. REGISTRAR'S SIGNATURE <b>Elmer Miller</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 1960

JAN 10 1961

**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 Harold G. Gurnea

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.