

MEDICAL CERTIFICATE OF DEATH

Name: <b>Arthur Edwin Schwind</b> Male		Date of Birth: <b>November 4, 1889</b>		Date of Death: <b>January 13, 1968</b>	
Age: <b>78</b>		Date of Birth (M/D/Y): <b>November 4, 1889</b>		Place of Birth: <b>Moultrie</b>	
Place of Death: <b>1481st Nelson Road District</b>		Hospital or Institution: <b>No Illinois Masonic Home</b>		Street and Number: <b>Illinois Masonic Home</b>	
Place: <b>Indiana</b>	Citizen of What Country: <b>9. U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <b>10. married</b>	NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): <b>11. Melba E. Wombacher</b>		
AL SECURITY NUMBER: <b>326 24 2086 A</b>	USUAL OCCUPATION: <b>13a. Fire Alarm Operator</b>	KIND OF BUSINESS OR INDUSTRY: <b>13b.</b>	U.S. WAR VETERAN (YES/NO): <b>13c. Yes</b>	WAR OR DATES OF SERVICE: <b>13d. 1917 - 1919</b>	
State: <b>Washington</b>	County: <b>1. Grays Harbor</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO.: <b>14c. Montesano</b>	INSIDE CITY (YES/NO): <b>14d. Yes</b>	STREET AND NUMBER: <b>14e. 117 N. 4th Street</b>	

DECEASED'S NAME: <b>Albert Schwind</b>		MOTHER—MAIDEN NAME: <b>Mary Sosbern</b>	
DECEASED'S SIGNATURE: <i>James E. Hart</i>		RELATIONSHIP: <b>17b. None</b>	
DEATH WAS CAUSED BY:		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): <b>17c. Illinois Masonic Home, Sullivan, Illinois 61951</b>	

IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <i>Bronchopneumonia</i>		<i>10 d</i>
(b) <i>Pulmonary embolism</i>		<i>12 hr</i>
(c)		

OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. **NO**      19b. **NO**

MODE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION

**20b.**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT **6:45 P.M.** ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

DECEASED DIED ON: **4 10 68** AT: **21b. 13 68** AND LAST SAW HIM/HER ALIVE ON: **1 13 68**

SIGNATURE: *B. J. Peck MD.* DATE SIGNED (MONTH, DAY, YEAR): **1 15 68** ILLINOIS LICENSE NUMBER: **22c. 276 22**

PLACING ADDRESS—CERTIFIER: *Sullivan* CITY OR TOWN: **Sullivan** STATE: **Ill.** ZIP: **61951**

Funeral Home: **L. W. McMullin Funeral Home, 503 W. Jackson St., Sullivan, Ill. 61951**

Funeral Director's Signature: *L. W. McMullin* GENERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 146**

Registrar's Signature:  *Evelyn L. Kedwell Clerk Peck* DATE REC'D. BY LOCAL REGISTRAR: **26b. 1-15-1968**