

FILED FEB 2 1952

STANDARD CERTIFICATE OF DEATH

1003 State File No. 2758
318 PRIMARY REG. DIST. NO. Registrar's No. 0614

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Decatur</u> 8120 8 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>343 West Macou</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>D.</u> c. (Last) <u>EMERY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 19 52</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>May 1, 1914</u> |
| 9. AGE (In years last birthday) <u>37</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u> | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) <u>Sevard, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>S. F. Emery</u> | | 13b. MOTHER'S MAIDEN NAME <u>Francis Strong</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 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. <u>unk.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis Strong Decatur, Ill</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOGENIC CARCINOMA OF RIGHT LUNG</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR <u>162x</u> | | 22. I hereby certify that I attended the deceased from <u>1/4</u> , 19 <u>52</u> , to <u>1/19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/19</u> , 19 <u>52</u> , and that death occurred at <u>2:35 P.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>BARNES HOSPITAL</u> | |
| 23c. DATE SIGNED <u>1/19/52</u> | | 24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>Jan 19, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY | |
| 24d. LOCATION (City, town, or county) (State) <u>Decatur Illinois</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brintlingers - Decatur, Ill</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 21 1952 [Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Ben E. Johnson
.....
Licensed Embalmer No.

123456789
.....
P. O. Address

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 this body is not embalmed, fact should be so stated above.