

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037367

FILED VS OCT 19 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 9107** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS			Length of stay in 1b 15 YRS.	c. CITY OR TOWN ST LOUIS		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 CHESTNUT			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 604 CHESTNUT		
3. NAME OF DECEASED (Type or print) First Middle Last LYMAN THOMAS AFFLACK			4. DATE OF DEATH Month Day Year 10/3/59			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9-15-13	9. AGE (last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) CENTRALIA, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LAUREN AFFLACK		13b. MOTHER'S MAIDEN NAME CATHERINE CHIAVARIO		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) NO		16. SOCIAL SECURITY NO.	17. INFORMANT CATHERINE AFFLACK CENTRALIA, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line from (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis left. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO Fatty degeneration of the heart myople with chronic DUE TO pseudocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-1 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.) 420-1				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree of Title) Regina M. Queen Deputy Coroner			22b. ADDRESS 1300 Chestnut		22c. DATE SIGNED 10/1/59	
23a. BURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 10-5-59	23c. NAME OF CEMETERY OR CREMATORY Richview cemetery	23d. LOCATION (City, town, or county) Richview, ILL.			
24. FUNERAL DIRECTOR GARNIER & SONS		ADDRESS CENTRALIA, ILL.	25. DATE RECD. BY LOCAL REG. OCT 5 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

m8c

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 Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kassy

Licensed Embalmer No. 7541

P. O. Address E. H. So

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.