

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-009115

FILED VS. FEB 18 1960

2 1395

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, MISSOURI | | a. STATE Illinois | b. COUNTY Christian |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | c. CITY OR TOWN Taylorville | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) 135 E. Palmer Street., | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last EDWARD CARL NMN ZEMKE | | | 4. DATE OF DEATH Month Day Year FEBRUARY 5 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 3/16/1899 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner | | 10b. KIND OF BUSINESS OR INDUSTRY Peabody Coal Co. | 11. BIRTHPLACE (City and state or country) Taylorville, Illinois. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Henry Zemke | | 13b. MOTHER'S MAIDEN NAME Margaret Yeakley | | 14. NAME OF HUSBAND OR WIFE Helen Zemke | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil | | 16. SOCIAL SECURITY NO. 336-22-0362 | 17. INFORMANT Address Mrs. Helen Zemke, 135 E. Palmer Street., | | | |

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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: | | INTERVAL BETWEEN ONSET AND DEATH 1 YEAR |
| IMMEDIATE CAUSE (a) LYMPHOSARCOMA, GENERALIZED | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | 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 |
| | DUE TO (c) 2001 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMOCONIOSIS. EMPHYSEMA. HEMOHYDROPNEUMOTHORAX | | |

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|---|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | |
| 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 **MAY 13, 1959** to **FEB. 5, 1960** and last saw her/him alive on **FEB. 5, 1960**
Death occurred at **8:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>C. D. Vanichan M.D.</i> (Degree or title) | | 22b. ADDRESS BARNES HOSPITAL | 22c. DATE SIGNED 2/6/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2/7/60 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 23d. LOCATION (City, town, or county) Taylorville, Illinois. |
| 24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington Blvd., | | 25. DATE RECD. BY LOCAL REG. FEB 6 1960 | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> |

H.T.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HARVEY BENTLEY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Bentley

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above **MUST** BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.