

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028827

REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 6683 STATE FILE NUMBER

FILED VS JUL 2 1960

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 9 days		c. CITY OR TOWN DuQuoin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 20 S. Mulberry St.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First JUNE		Middle CHARLOTTE		Last STAMPINI		July 1, 1960	
5. SEX Female		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 7-28-17	
9. AGE (last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and state or country) Carterville, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Victor Stocks		13b. MOTHER'S MAIDEN NAME Elva McNew	
14. NAME OF HUSBAND OR WIFE Adolph Stampini		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. Unknown		17. INFORMANT Adolph Stampini, DuQuoin, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasculer accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Convulsion seizure DUE TO (c) Uremia - due to Ca Cancer PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 171x						INTERVAL BETWEEN ONSET AND DEATH 2 yr.	
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.) 171x			
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 June 21 - to July 1 and last saw her/him alive on June 30 Death occurred at 2:00 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Chrommiller				22b. ADDRESS 539 N. Grand Blvd. St. Louis, Missouri		22c. DATE SIGNED 7/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-1-60		23c. NAME OF CEMETERY OR CREMATORY Carterville Cem.		23d. LOCATION (City, town, or county) (State) Carterville, Illinois	
24. FUNERAL DIRECTOR Gordon H. Riggin, Carterville, Ill.				25. DATE RECD. BY LOCAL REG. JUL 1 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. mjs	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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. *Not Embalmed*

Student \_\_\_\_\_ Signed *John J. Kessler*  
Signature of Student Embalmer

Licensed Embalmer No. *9912*  
P. O. Address *E. St. Louis*

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