MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1788 STATE FILE NUMBER 61-007009

AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b: 8 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY: Clinton
c. CITY OR TOWN: Wamac
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1001 Dover St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MAYME Middle M. Last WATTS
4. DATE OF DEATH: Month FEBRUARY Day 20 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/16/95
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (City and state or country): Clinton Co., Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Sloat
13b. MOTHER'S MAIDEN NAME: Ella Brown
14. NAME OF HUSBAND OR WIFE: Bennett (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
7. INFORMANT: Address: Paul Keith, Centralia, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRAIN TUMOR, ~~TYPE AND PRIMARY UNKNOWN~~ Glioblastoma Multiforme, Left Temporal Lobe
INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 1930
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 FEB. 12, 1961, to FEB. 20, 1961 and last saw her/him alive on FEB. 20, 1961
Death occurred at 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. D. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/23/61
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial
23d. LOCATION (City, town, or county) (State): Sandoval Twp., Marion Co. Illinois
24. FUNERAL DIRECTOR: Galbreath Funeral Home, Centralia, Illinois
ADDRESS
25. DATE RECD. BY LOCAL REG.: FEB 23 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
18a	Brain tumor--Glioblastoma Multiforme, Left Temporal Lobe	Brain Tumor, Type and Primary unknown	3/10/61

BY AFFIDAVIT OF attending physician DOCUMENT

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_____ Signed Paul A Keith

Signature of Student Embalmer

Licensed Embalmer No. 3612

P. O. Address Centralia Il

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.