

XC 1447318

SP 10063

3912-61-015523

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

AMENDED

FILED APR 27 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MARION		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b	c. CITY OR TOWN CENTRALIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 400 MARQUIS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRY Middle L Last PHELPS			4. DATE OF DEATH Month 4 Day 22 Year 61		
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 5/26/96	9. AGE (last birthday) 64	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) WAREHOUSE FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HEMMEY, ILL.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN PHELPS		13b. MOTHER'S MAIDEN NAME HANNAH JAGBU		14. NAME OF HUSBAND OR WIFE PEARL PHELPS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			17. INFORMANT Address PEARL PHELPS (WIDOW) SEE# 2		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) PULMONARY, TRACHAEAL METASTASIS					4 MONTHS
DUE TO (b) CERVICAL METASTASIS					4 MONTHS
DUE TO (c) CARCINOMA OF LARYNX 16/1x					3 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE BILATERAL BRONCHOPNEUMONIA					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 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 11/21/60 to 4/22/61 and last saw him xxx alive on 4/22/61 Death occurred at 11:09 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>William P. Simon M.D.</i> WILLIAM P. SIMON M.D.			22b. ADDRESS		22c. DATE SIGNED 4/22/61 (STATE)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-25-61	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Park		23d. LOCATION (City, town, or county) WABOOSTOXONOKES CENTRALIA, Marion Co., Illinois	
24. FUNERAL DIRECTOR Galbreath Funeral Home, Centralia, Ill.		ADDRESS		25. DATE RECD. BY LOCAL REG. APR 24 1961	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>

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 _____
Signature of Student Embalmer

Signed John S. Embler
Licensed Embalmer No. 3657

P. O. Address St. Louis

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.