

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED FILED JUN 2 1961 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4657** -61-018928 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN Alton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2516 Brown St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SUSIE Middle L. Last DENSON		4. DATE OF DEATH Month MAY Day 16 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Marital stat Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-24-1916 9. AGE (last birthday) 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hopkinsville, Ky. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Smith		13b. MOTHER'S MAIDEN NAME Sue Eddins	14. NAME OF HUSBAND OR WIFE Raymond W. Denson
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 Address Ill. Raymond W. Denson 2516 Brown St. Alton,
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 VASCULAR ACCIDENT DUE TO (b) SEVERE HYPERTENSION DUE TO (c) 331x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 30 MINUTES YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) COARCTATION OF THE AORTA			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
20c. TIME OF INJURY Hour 11:30 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 5, 1961 to MAY 16, 1961 and last saw her alive on MAY 16, 1961		Death occurred at 11:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) C. D. Nemellia, M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-20-61	23c. NAME OF CEMETERY OR CREMATORY Vallhalla Memorial Park	23d. LOCATION (City, town, or county) (State) Godfrey, Illinois
24. FUNERAL DIRECTOR Ralph A. Gent ADDRESS Alton, Illinois		25. DATE RECD. BY LOCAL REG. MAY 17 1961	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

THE STATE OF ILLINOIS

DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER
FOR THE STATE OF ILLINOIS

GRABY

Not

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 James J. Handlowe
Licensed Embalmer No. 7586

P. O. Address Alton Ill.

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.