MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037484 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9731

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 4 1963

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in Hospital: 15 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: Madison,
c. CITY OR TOWN: Granite City, — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): R. R. 1 Box 921 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First BETTY Middle JEAN Last DENNIS

4. DATE OF DEATH: Month September Day 30 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-20-1931

9. AGE (last birthday): 32 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At. Home

11. BIRTHPLACE (City and state or country): Waltonville, Illinois

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William Pittman

13b. MOTHER'S MAIDEN NAME: Opal Mathis

14. NAME OF HUSBAND OR WIFE: Earnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Earnie L. Dennis Address: Granite City, Ill

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of cervix with metastases — INTERVAL BETWEEN ONSET AND DEATH: Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 171X

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 9/6/63, to 9/30/63 and last saw her alive on 9/30/63
Death occurred at 6:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. O. Vermillion M.D. (Degree or title) M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 9/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal To

23b. DATE: 9/30/63

23c. NAME OF CEMETERY OR CREMATORY: Hickory Hill

23d. LOCATION (City, town, or county) (State): Mt. Vernon, Illinois

24. FUNERAL DIRECTOR: Francis J. Lorley ADDRESS: Madison Illinois

25. DATE REC'D BY LOCAL REG.: SEP 30 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8120		
3	1		
4	1		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	52-0		
13			

52

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Francis J. Lahey

Licensed Embalmer No. 2792

P. O. Address Madison, Wis.

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.