S. No. 390
Rev. 10.48

XC 7 928 491
R.# 115249

# STANDARD CERTIFICATE OF DEATH

State File No. 44768

BIRTH NO. FILED DEC 29 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3191

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SANGAMON
c. CITY OR TOWN: SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1530 S. 6th STREET, SPRINGFIELD, ILL.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) F. c. (Last) JOYCE
4. DATE OF DEATH (Month) (Day) (Year): 12-14-53
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-18-10
9. AGE (In years last birthday): 43 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONSTRUCTION
10b. KIND OF BUSINESS OR INDUSTRY: STATE HIGHWAY
11. BIRTHPLACE (City and State or Foreign Country): KEOKUK, IOWA
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: THOMAS H. JOYCE
13b. MOTHER'S MAIDEN NAME: ELLA CROUGHAN
14. NAME OF HUSBAND OR WIFE: MARIE JOYCE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 353 03 3016
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: VA HOSPITAL RECORDS, JEFF.BRKS, MO.

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis and atelectasis right lung — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Intestinal obstruction due to adhesive band — 4 days
DUE TO (c) Cirrhosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hiatus hernia — 2 years

19a. DATE OF OPERATION: 12/4/53
19b. MAJOR FINDINGS OF OPERATION: Hiatus hernia; Intestinal obstruction 5705
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 11-30-53, 19__, *to* 12-14-53, 19__, *that I last saw the deceased* XXXXXXXXXXXXXXXXXX *and that death occurred at* 7:34A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. A. ALLEN, M.D. (Degree or title)
23b. ADDRESS: VA HOSP. JEFF. BKS, MO.
23c. DATE SIGNED: 12-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-14-53
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Springfield, Illinois

DATE REC'D BY LOCAL REG.: 12/14/53
REGISTRAR'S SIGNATURE: Herbert R. Adam M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Albert H. Hoppe, 4700 Washington
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton [illegible] Remelius

Licensed Embalmer No. 428

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.