

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15142

STATE FILE NUMBER

FILED APR 26 1957

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

3597

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>White</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Carmi</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				Length of stay in 1b <b>12 Days</b>		STREET ADDRESS (If outside, give location) <b>Route No. 1</b>	
3. NAME OF DECEASED (Type or print) First <b>JENNAVEE</b> Middle <b>NMN</b> Last <b>PHELPS</b>				4. DATE OF DEATH Month <b>APRIL</b> Day <b>12</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept 7, 1937</b>	
9. AGE (In years last birthday) <b>19</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		100. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>Maurie, Illinois</b>	
10b. HOUSEWIFE		10c. AT HOME		11. MAURIE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Turner</b>				14. MOTHER'S MAIDEN NAME <b>Lucille Simmons</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT <b>Unknown</b>		Address <b>Perry Phelps, Carmi, Illinois.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>UREMIA</b> <b>ACUTE TUBULAR NECROSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>HYPOTENSION DURING CAESARIAN OPERATION 3/27/57</b>							INTERVAL BETWEEN ONSET AND DEATH <b>13 DAYS</b> <b>17 DAYS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							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.) <b>6425</b>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
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 <b>Carmi</b>		COUNTY <b>White</b> STATE <b>Illinois</b>	
21. I attended the deceased from <b>APRIL 1, 1957</b> to <b>APRIL 12, 1957</b> and last saw her/him alive on <b>APRIL 12, 1957</b> . Death occurred at <b>8:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. P. Vermillion M.D.</i> (Degree or title)				22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>4/12/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-13-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>		23d. LOCATION (City, town, or county) (State) <b>Carmi, Illinois.</b>		
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.,</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>APR 15 '57</b>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <b>S.P.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

