Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007521
STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2052

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in 1b: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: East Alton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 216 E. Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: MAMIE Middle: VIRGINIA Last: PARKER
4. DATE OF DEATH: Month FEBRUARY Day 25 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: October 26, 1906
9. AGE (In years last birthday): 52 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Pearl, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Thomas J. Wheeler
13b. MOTHER'S MAIDEN NAME: Lula Frazier
14. NAME OF HUSBAND OR WIFE: Forrest
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.: None
17. INFORMANT: Forrest Parker, Address: 216 E. Main, E. Alton, Ill.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ABDOMINAL EMBOLI	24 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CHRONIC AURICULAR FIBRILLATION	4 YEARS
DUE TO (c)	RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS	40+ YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X

19. WAS AUTOPSY PERFORMED? YES [X] 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 FEB. 18, 1959, to FEB. 25, 1959 and last saw her/him alive on FEB. 25, 1959
Death occurred at 8:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-28-59
23c. NAME OF CEMETERY OR CREMATORY: Green Pond Cemetery
23d. LOCATION (City, town, or county) (State): Pearl, Ill.

24. FUNERAL DIRECTOR ADDRESS: Marks Funeral Home, Woodriver, Ill.
25. DATE RECD. BY LOCAL REG.: FEB 26 '59
26. REGISTRAR'S SIGNATURE: Hard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 H. E. Marks

Licensed Embalmer No. 4338

P. O. Address Wood River

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.