

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026804

FILED VS AUG 11 1959

2 7081

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 4 WEEKS	c. CITY OR TOWN GRANITE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2534 LINCOLN AVENUE

3. NAME OF DECEASED (Type or print) First Middle Last RALPH VERNON JOHNSON	4. DATE OF DEATH Month Day Year 7 30 1959
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-21-1889	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY GEN. STEEL CAST.	11. BIRTHPLACE (City and state, or country) JEFFERSON CO., ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME ALBERT JOHNSON	13b. MOTHER'S MAIDEN NAME DOLLY ALLEN	14. NAME OF HUSBAND OR WIFE LILLIAN JOHNSON
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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. 333-01-9365	17. INFORMANT WILLBUR JOHNSON 1536 RODGER GRANITE CITY, ILL
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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)	Carcinomatosis	3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Adeno carcinoma (Site Unknown) original	6 months
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. 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
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21. I attended the deceased from **7/11/59** to **7/30/59** and last saw him alive on **7/30/59**
Death occurred at **7/30/59** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frede Mortensen M.D.	22b. ADDRESS 3701 Branch Square	22c. DATE SIGNED 7/31/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-30-1959	23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL	23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS
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24. FUNERAL DIRECTOR Frank Mercer Granite City, Ill	25. DATE RECD. BY LOCAL REG. JUL 31 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7/18/59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles E Mer

Licensed Embalmer No.

2988

P. O. Address

Grant

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