

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030459

FILED VS. SEP 1 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7620** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b 6 days		c. CITY OR TOWN Decatur,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 934 East Cleveland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Newton Middle J. Last Harp			4. DATE OF DEATH Month August Day 16, Year 1959						
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 5, 1875	9. AGE (last birthday) 84 yrs.	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) Loco. Engineer (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Logan Co., Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Jacob Harp			13b. MOTHER'S MAIDEN NAME Elizabeth - - -			14. NAME OF HUSBAND OR WIFE Charlotte - -			
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. None		17. INFORMANT Address Hospital Records				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 6 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 420.1									
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			
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.)					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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		COUNTY		STATE	
21. I attended the deceased from Aug. 11, 1959 , to Aug. 16, 1959 and last saw her/him alive on Aug. 16, 1959 Death occurred at 6 P.M., _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Benjamin H. Chachy - L.D. (Degree or title)				22b. ADDRESS 1755 South Grand Blvd.,				22c. DATE SIGNED 8/17/59	
23a. BIRTHAL CREMATION, REMOVAL (Specify)	23b. DATE 8/19/1959	23c. NAME OF CEMETERY OR INTERMENT Richmond Grove			23d. LOCATION (City, town, or county) New Holland, Ill.			(State)	
24. FUNERAL DIRECTOR Schroepel Funeral Home			ADDRESS Collinsville, Illinois.		25. DATE RECD. BY LOCAL REG. AUG 17 '59		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E.P.

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 *Paul E. Loman* _____

Licensed Embalmer No. _____

P. O. Address _____

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.