URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1959 53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 347

59-031690
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 7 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Southeast Mo. Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Union
c. CITY OR TOWN: Anna — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 120 W. Lewis Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harold Middle: O. Last: Jean
4. DATE OF DEATH: Month: Sept. Day: 26 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ ~~Never Married~~ ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/24/1909
9. AGE (last birthday): 50
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): Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (City and state or country): Anna, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles A. Jean
13b. MOTHER'S MAIDEN NAME: Lula Owen
14. NAME OF HUSBAND OR WIFE: Evelyn Neal Jean
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.: 320-20-5835
17. INFORMANT: Evelyn Neal Jean Address: Anna, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastrointestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma of Lung — 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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ 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 Jan 59, to Sept 26th 59 and last saw her/him alive on Sept 25, 1959
Death occurred at 4:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles F Porter (Degree or title): MD
22b. ADDRESS: Cape Girardeau, Mo
22c. DATE SIGNED: 9/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/28/59
23c. NAME OF CEMETERY OR CREMATORY: Anna Cemetery
23d. LOCATION (City, town, or county) (State): Anna Illinois

24. FUNERAL DIRECTOR: Hal R. Mc Carty ADDRESS: Anna, Illinois
25. DATE RECD. BY LOCAL REG.: 10-1-59
26. REGISTRAR'S SIGNATURE: Irene Karsten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT Illinois Marriage License

BY AFFIDAVIT OF Informant

US DEC 7 1959

US OCT 7 1959

APR 15 1960

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 Hal R. McCarty

Licensed Embalmer No. Ill. 8292

P. O. Address Anna, Illinois

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