URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

XC 1841662 SL 20782 FILED VS NOV 3 0 1959

59-042594

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210750

AMENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO. — Length of stay in 1b: 95 DAYS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET ADM HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: GREENE

c. CITY OR TOWN: WHITE HALL — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LEE E. SYKES Middle Last

4. DATE OF DEATH: Month NOVEMBER Day 20, Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 11/17/97

9. AGE (last birthday): 62 — 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): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): MONMOUTH, ILLINOIS

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CHARLES E. SYKES

13b. MOTHER'S MAIDEN NAME: WILLIE L. PAGE

14. NAME OF HUSBAND OR WIFE: MARY H. SYKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 353-03-3381

17. INFORMANT Address: VA HOSP REC. ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): PELVIC ABSCESS, ORGANISM, ECOLI & PROTEUS — INTERVAL BETWEEN ONSET AND DEATH: 4 WEEKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): MARGINAL SEPARATION OF ANASTAMOSIS OF RECTAL COLON

DUE TO (c): CARCINOMA OF RECTUM 154 Y

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 [X]

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 8/17/59 to 11/20/59 and last saw him alive on 11/20/59

Death occurred at 9:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Felix S. Jabczenski M.D. FELIX S. JABCZENSKI, M.D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 11/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-21-59

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county) (State): White Hall, Illinois White Hall, Illinois. M.D.

24. FUNERAL DIRECTOR ADDRESS: Dowdy Funeral Home, White Hall, Illinois.

25. DATE RECD. BY LOCAL REG.: NOV 21 1959

26. REGISTRAR'S SIGNATURE: Ward Smith, M.D. NN

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 5165

P. O. Address_____

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.