

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-003517**

**FILED VS JAN 29 1960**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **2 748** STATE FILE NUMBER \_\_\_\_\_

DEED

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b	c. CITY OR TOWN <b>Alton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3301 Kendall</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>	
First <b>JANE</b>	Middle <b>E.</b>	Last <b>HARTMAN</b>	Month <b>JANUARY</b>	Day <b>18</b>
			Year <b>1960</b>	
<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 11/10/1919	<b>9. AGE</b> (last birthday) 40
		<b>IF UNDER 1 YEAR</b>	<b>IF UNDER 24 HR</b>	
		Months	Days	Hours Min.

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Clerk Ben Franklin Stores	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) Omaha, Nebraska	<b>12. CITIZEN OF WHAT COUNTRY</b> U.S.A.
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<b>13a. FATHER'S NAME</b> Shelby Dixon	<b>13b. MOTHER'S MAIDEN NAME</b> Jennie Lyons	<b>14. NAME OF HUSBAND OR WIFE</b> Charles
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No.	<b>16. SOCIAL SECURITY NO.</b> Nil.	<b>17. INFORMANT</b> Unknown	<b>Address</b> Charles Hartman, 3301 Kendall, Alton, Ill.
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <b>INTRAPERITONEAL HEMORRHAGE</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CARCINOMA OF RIGHT OVARY</b>	
DUE TO (c) _____		<b>14 DAYS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		<b>1 YEAR</b>

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) 175-0
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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<b>21. I attended the deceased from</b> <b>JAN. 5, 1960</b> , to <b>JAN. 18, 1960</b> and last saw her/him alive on <b>JAN. 18, 1960</b> Death occurred at <b>6:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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<b>22a. SIGNATURE</b> <i>E. Vamellia, M.D.</i>	<b>22b. ADDRESS</b> <b>BARNES HOSPITAL</b>	<b>22c. DATE SIGNED</b> 1/19/60
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> Removal	<b>23b. DATE</b> 1-21-60	<b>23c. NAME OF CEMETERY OR CREMATORY</b> Valhalla Memorial Park Cem. Alton, Illinois.	<b>23d. LOCATION</b> (City, town, or county) (State)
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<b>24. FUNERAL DIRECTOR</b> Smith Funeral Homes, 2521 Edwards, St. Alton, Ill	<b>25. DATE RECD. BY LOCAL REG.</b> JAN 21 1960	<b>26. REGISTRAR'S SIGNATURE</b> <i>Earl Smith, M.D.</i>
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*mjc*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

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

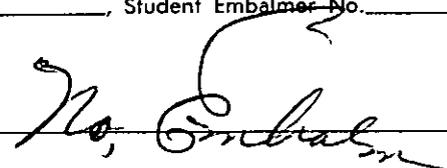
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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

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