

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003858

FILED VS. JAN 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 411** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI	Length of stay in 1b 2 Months	c. CITY OR TOWN Centralia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 1400 S. Sycamore	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SONDRA Middle JEAN Last MYERS			4. DATE OF DEATH Month JANUARY Day 11 Year 1960		
5. SEX Female	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 11/11/43	9. AGE (last birthday) 16	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Centralia, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Norwood McCormick		13b. MOTHER'S MAIDEN NAME Della McCarrey		14. NAME OF HUSBAND OR WIFE Jerry David	
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 Jerry David Myers, Centralia, Ill.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE, SUSPECTED		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
DUPLICATE (b) ACUTE MONOCYTTIC LEUKEMIA		3 MONTHS
DUPLICATE (c) 2042		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ 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 Centralia	COUNTY Marion	STATE Illinois
21. I attended the deceased from Nov. 20, 1959 to JAN. 11, 1960 and last saw her/him alive on JAN. 11, 1960 Death occurred at 9:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>E. J. Amillia, M.D.</i> (Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 1/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-12-60	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Park	23d. LOCATION (City, town, or county) (State) Sandoval TWP, Marion Co., Illinois
24. FUNERAL DIRECTOR ADDRESS Galbreath Funeral Home, Centralia, Illinois.		25. DATE RECD. BY LOCAL REG. JAN 13 1960	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HARRIS HOSPITAL

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 Paul A. Reed

Licensed Embalmer No. 361

P. O. Address Central

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.