

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007872

FILED VS. FEB 23 1960

2 1740

STATE FILE NUMBER

INDEXED

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 YRS.	c. CITY OR TOWN Brighton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (Include institution) HOSPITAL OR INSTITUTION Memorial Home 2609 S. Grand Blvd.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Center Street Reside on Farm Yes No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Stella Middle H. Last Amass			4. DATE OF DEATH Month Feb. Day 14 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 5 Days 24	IF UNDER 24 HR Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing		10b. KIND OF BUSINESS OR INDUSTRY Psychiatric		11. BIRTHPLACE (City and state or country) Piasa, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Dr. T. A. Horine			13b. MOTHER'S MAIDEN NAME Anna Burgett		14. NAME OF HUSBAND OR WIFE none	
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. ---		17. INFORMANT Address Nelle H. Trantz--Brighton, 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 arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Many years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic vascular disease Many years

DUE TO (c) 334x

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 <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 _____ 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		COUNTY _____ STATE _____

21. I attended the deceased from May 15 - 59 to Feb. 14 - 60 and last saw her/him alive on Feb. 14 - 60
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frances R. Petrone		(Degree or title) M.D.	22b. ADDRESS 5233 Waterman Cr. St. Louis 42		22c. DATE SIGNED 2-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Feb. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Brighton		23d. LOCATION (City, town, or county) (State) Illinois

24. FUNERAL DIRECTOR McDon's. Targhata		ADDRESS Brighton, Ill.	25. DATE RECD. BY LOCAL REG. FEB 15 1960	26. REGISTRAR'S SIGNATURE Loan Smith. M.D.	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Not Embalmed
Signed *Nelson S. Targhett*

Licensed Embalmer No. *8204 F.*

P. O. Address *Brighton, Vt.*

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