

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012767

FILED VS APR 12 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-3522** STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN Mt. Vernon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 6	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Alvin C. Jennings			4. DATE OF DEATH Month Day Year March 27, 1960			
5. SEX Male	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 2/27/1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mt. Vernon, Ill.		
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME James M. Jennings		13b. MOTHER'S MAIDEN NAME Alzora McMeen		
14. NAME OF HUSBAND OR WIFE Myrtle		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. 318-12-2258		
17. INFORMANT Myrtle Jennings, Mt. Vernon, Ill.		Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Subdural Hemorrhage		
DUE TO (b) Cirrhosis of the Liver		
DUE TO (c) Suffered in fall from truck, which she descended		816.1 26

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.		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	
bed, ever put up truck, which she descended			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DEGREE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Verdict by one Carl Hogue, near Mt Vernon Ill, around 1st week Feb 11 1960 cause and manner, could not be determined	20c. TIME OF INJURY Hour: 12 NOON pm. Month, Day, Year: 2 11 60	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) H. Grad	20f. CITY, TOWN, OR LOCATION COUNTY STATE near Mt Vernon Ill	

21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at: 130 A m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Patricia Taylor Carroue	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3.28.60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-30-60	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Co., Ill.		

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. MAR 28 1960	26. REGISTRAR'S SIGNATURE Earl 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

Signed Elton H. Remel

Licensed Embalmer No. 42,83

P. O. Address St. Louis

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.