

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017383

FILED VS. APR 25 1960

Registration District No. Primary Registration District No. Registrar's No. 23683

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>5 DAYS</u>	c. CITY OR TOWN <u>HARRISBURG</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDINAL Glennon Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. 1</u>
3. NAME OF DECEASED (Type or print) First <u>Rebecca</u> Middle <u>SUTTON</u> Last <u>SUTTON</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>31</u> Year <u>1960</u>	

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-17-49</u>	9. AGE (last birthday) <u>10</u>	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) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>SALINE Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>CHARLES SUTTON</u>	13b. MOTHER'S MAIDEN NAME <u>LENORA Upchurch</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Charles Sutton</u> Address <u>R.F.D. 1 Harrisburg Illinois</u>

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) <u>atrioventricular dissociation heart block</u>		<u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Tetralogy of Fallot (valvular pulmonary stenosis ventricular septal defect)</u>	<u>10 years</u>
	DUE TO (c) <u>Congenital cyanotic heart disease</u>	<u>10 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7540.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u>7540.</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 March 26, 1960 to March 31, 1960 and last saw her alive on March 31, 1960
 Death occurred at 9:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. Pellus Taulan MD</u> (Degree or title)	22b. ADDRESS <u>1325 S. Grand St. Louis, Mo.</u>	22c. DATE SIGNED <u>3/31/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-1-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LINDALE MEM. GARDENS</u>
24. FUNERAL DIRECTOR <u>GASKINS</u> ADDRESS <u>HARRISBURG, ILLINOIS</u>	25. DATE RECD. BY LOCAL REG. <u>4-1-1960</u>	26. REGISTRAR'S SIGNATURE <u>Loal Smith, M.D.</u>

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 Frank Proff

Licensed Embalmer No. 4356

P. O. Address St. Louis Mo

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.