

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021621

FILED VS JUN 6 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5421**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b	c. CITY OR TOWN Madison		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Cardinal Glennon Memorial Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 71 Gernzer	
3. NAME OF DECEASED (Type or print) First Peggy Middle Joyce Last Thomason			4. DATE OF DEATH Month 5 Day 24 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/25/53	9. AGE (last birthday) 6	IF UNDER 1 YEAR Months 9 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY At school		11. BIRTHPLACE (City and state or country) GRANITE CITY, ILL	
10c. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Thomason		13b. MOTHER'S MAIDEN NAME Virginia Hoffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT William Thomason Address Madison, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute 3rd degree burns (70%)					INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) OK 1st degree burn					
DUE TO (c) Deputy burn 5-24-60 916.0					16
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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) Clothing caught fire from gas range			
20c. TIME OF INJURY Hour 5 a.m. 12 p.m. Year 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.) PI Home	20f. CITY, TOWN, OR LOCATION Granite City		COUNTY ILL.	STATE
21. I attended the deceased from 5-12-1960 to 5-24-1960 and last saw de alive on 5-24-60 Death occurred at 5 50 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R.T. Van Norman M.D.			22b. ADDRESS 1465 S. Grand		22c. DATE SIGNED 5-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/24/60	23c. NAME OF CEMETERY OR CREMATORY St. Johns		23d. LOCATION (City, town, or county) (State) Granite City, Illinois	
24. FUNERAL DIRECTOR Henry J. Dekey		25. DATE RECD. BY LOCAL REG. MAY 24 1960		26. REGISTRAR'S SIGNATURE Earl Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mrb

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Lake

Licensed Embalmer No. 299

P. O. Address Madison

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