

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960 53

3010

266-60-022530

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

NDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SE MO Hosp.,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander c. CITY OR TOWN Thebes, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS Rural RFD (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Bobby Middle Ray Last Oberts			4. DATE OF DEATH Month June Day 29, Year 1960		
5. SEX Male	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 June 9, 1960	9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Day 20 IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cairo, Illinois	
10c. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Lawrence Oberts	13b. MOTHER'S MAIDEN NAME Myrtle Fultz	14. NAME OF HUSBAND OR WIFE
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 Lawrence Oberts		Address Thebes, 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) Cyclic Stenosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH: Nine Weeks
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 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 June 12-60 to June 29-60 and last saw him alive on June 24-60 Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>J. P. Ross</i> (Degree or title) MD	22b. ADDRESS Tamms, Illinois	22c. DATE SIGNED 6/29/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/30/60	23c. NAME OF CEMETERY OR CREMATORY Rose Hill	23d. LOCATION (City, town, or county) (State) Thebes, Illinois
24. FUNERAL DIRECTOR <i>J. E. Farnsworth</i> ADDRESS Tamms, Illinois		25. DATE RECD. BY LOCAL REG. 6-30-60	26. REGISTRAR'S SIGNATURE <i>Gene Kasten</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

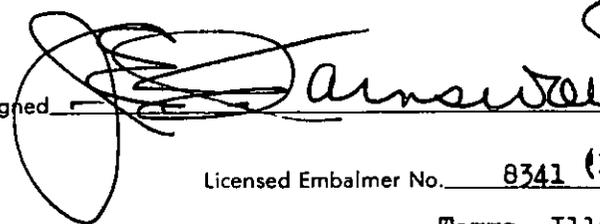
MEDICAL CERTIFICATION

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  _____

Licensed Embalmer No. 8341 (I

P. O. Address Tamms, Illi

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.