

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024277

FILED VS JUL 12 1960

318 Primary Registration District No. 1003 Registrar's No. 6608

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, MISSOURI		Length of stay in 1b 12 DAYS	c. CITY OR TOWN MADISON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) GRENZER (APT. 23)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle E. Last ALLEY			4. DATE OF DEATH Month 6 Day 28 Year 60			
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 5/3/86	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY Utilities	11. BIRTHPLACE (City and state or country) WINTERSSET, IOWA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRED ALLEY		13b. MOTHER'S MAIDEN NAME CALKEY CRAWFORD		14. NAME OF HUSBAND OR WIFE RACHEL ALLEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 498-03-3171-A	17. INFORMANT RACHEL ALLEY (WIDOW)		Address MADISON 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) RESPIRATORY FAILURE					INTERVAL BETWEEN ONSET AND DEATH	
<p><i>O.K. in 2 weeks</i></p> <p><i>Conditions, if any, which gave rise to above cause (a) - 29-6</i></p> <p><i>giving cause (a)</i></p> <p><i>due to (b)</i> CHRONIC PULMONARY TUBERCULOSIS, ADVANCED, ACTIVE</p> <p><i>due to (c)</i> 002XF</p>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE RIGHT FEMORAL NECK FROM FALL SEVEN WEEKS PRIOR TO DEATH				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.) Fell at home				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 7 weeks ago		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.) 71 Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Madison, Illinois	
21. // attended the deceased from 6/16/60 to 6/28/60 and last saw him live on 6/28/60 Death occurred at 11:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) WILLIAM R. RICHARDS			22b. ADDRESS M.D. VAH, ST. LOUIS, MO.		22c. DATE SIGNED 6/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. to Madison, Ill. 6/28/60		23b. DATE 6/28/60		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		
23d. LOCATION (City, town, or county) (State) Edwardsville, Illinois		24. FURNERAL DIRECTOR Wanda J. Dekey Address Madison, Illinois		25. DATE RECD. BY LOCAL REG. JUN 29 1960		
26. REGISTRAR'S SIGNATURE Loam Smith, M.D.						

CLEAR THROUGH THE CORONERS OFFICE DOCUMENT

1 mgs

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 Francis J. Jahn

Licensed Embalmer No. 279

P. O. Address Madison

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.