

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUL 15 1960

318

Primary Registration District No. 1003

Registrar's No. 6763

-60-025102
STATE FILE NUMBER

INDEXED

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 East St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little Rock Hospital Inc. INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #7 Agnes Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Harley Middle Wayne Last Williams				4. DATE OF DEATH Month July Day 4 Year 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 7-3-1905		9. AGE (last birthday) 54		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) Mechanic				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Ullin, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Harvey Williams				13b. MOTHER'S MAIDEN NAME Nellie Echols				14. NAME OF HUSBAND OR WIFE Lois Williams					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#2				16. SOCIAL SECURITY NO. 707-18-9174		17. INFORMANT Address Mrs. Lois Williams E. St. Louis, 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) Coronary Artery (CHD) i Preinf + infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) interactions 163x DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
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 Month, Day, Year s.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 February 28, 1960 to July 4, 1960 and last saw ^{him} July 3, 1960 alive on July 3, 1960 . Death occurred at 3:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) [Signature]						22b. ADDRESS 1755 S. Grand Blvd.				22c. DATE SIGNED JUL 5 1960			
23a. BURIAL (CREMATION/REMOVAL) (Specify) Remove		23b. DATE 7-7-60		23c. NAME OF CEMETERY OR CREMATORY Christian Chapel Cem.		23d. LOCATION (City, town, or county) (State) Dongola, Illinois							
24. FUNERAL DIRECTOR ADDRESS Kassly Funeral Home, E. St. Louis Ill.				25. DATE RECD. BY LOCAL REG. JUL 5 1960		26. REGISTRAR'S SIGNATURE Carl Smith, M.D. mjs							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1960

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. 9912

P. O. Address E. St. Louis

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.