

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

-60-028122

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7391 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				Length of stay in 1b 6 Days		c. CITY OR TOWN Imperial	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Highway 61	
3. NAME OF DECEASED (Type or print) First J. Middle VIRGINIA Last BLEY				4. DATE OF DEATH Month JULY Day 22 Year 1960			
5. SEX Female		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 9/23/1914	
9. AGE (last birthday) 45		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Illinois.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry W. Watson		13b. MOTHER'S MAIDEN NAME Unavailable	
14. NAME OF HUSBAND OR WIFE William J. Bley		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. Nil.		17. INFORMANT Address William J. Bley, Imperial, Mo.	
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 GRAND MAL CONVULSIONS WITH RIGIDITY						INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PARKINSON'S DISEASE						8 YEARS	
DUE TO (c) MEASLES ENCEPHALITIS						8 YEARS	
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 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.)			
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 JULY 16, 1960 to JULY 22, 1960 and last saw her him alive on JULY 22, 1960 Death occurred at 12:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>C. D. Vannellia, M. D.</i>				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 7/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-25-60		23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic Cem.		23d. LOCATION (City, town, or county) (State) Kimmswick, Mo.	
24. FUNERAL DIRECTOR ADDRESS Heitag Funeral Home, Imperial, Mo.				25. DATE RECD. BY LOCAL REG. JUL 25 1960		26. REGISTRAR'S SIGNATURE <i>Loant Smith, M. D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MB

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis

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.