

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028382

FILED VS. JUL 19 1960

318

1003

6688

STATE FILE NUMBER

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		Length of stay in 1b	c. CITY OR TOWN Glasgow Village 4010
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 314 Caithness

3. NAME OF DECEASED (Type or print)	First Ira	Middle Fred	Last Hamilton	4. DATE OF DEATH	Month June	Day 29,	Year 1960
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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 8/2/1909	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Core Winder	10b. KIND OF BUSINESS OR INDUSTRY Moloney Electric	11. BIRTHPLACE (City and state or country) White Water, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME William Hamilton	13b. MOTHER'S MAIDEN NAME Nellie May Vasterling	14. NAME OF HUSBAND OR WIFE Reba
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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. 489-10-3303	17. INFORMANT Reba Hamilton, 314 Caithness	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	metastatic carcinoma of lung <i>Metastatic carcinoma of the lung</i>	3 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	lung	
	DUE TO (c)	
	165x	

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"/> N <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **April 10, 1960** to **June 29, 1960** and last saw him alive on **June 29, 1960**.
Death occurred at **7:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joseph Hoppe MD</i>	(Degree or title)	22b. ADDRESS 3505 N Grand Blvd	22c. DATE SIGNED 7/1/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-3-60	23c. NAME OF CEMETERY OR CREMATORY Tower Grove Cemetery	23d. LOCATION (City, town, or county) Murphysboro, Ill.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 1 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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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

JAW² Runkley

Licensed Embalmer No. _____

P. O. Address _____

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.