JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031606

FILED VS AUG 24 1960

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 109

STATE FILE NUMBER

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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana
Length of stay in 1b 5 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Calhoun
c. CITY OR TOWN Hamburg
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS None (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Earl Middle Mayo Last Crader
4. DATE OF DEATH Month August Day 18 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/2/04
9. AGE (last birthday) 56
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) Ferry Operator
10b. KIND OF BUSINESS OR INDUSTRY River Ferry Boat
11. BIRTHPLACE (City and state or country) Hamburg, Illinois
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Selby Crader
13b. MOTHER'S MAIDEN NAME Minnie Buchanan
14. NAME OF HUSBAND OR WIFE Sadie G. Crader
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 327-22-9633
17. INFORMANT Sadie Crader Address

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-vascular disease — 2 yrs
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5/10/59 to 8/18/60 and last saw her/him alive on 8/18/60
Death occurred at 2:43 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. H. Lewellen (Degree or title) M.D.
22b. ADDRESS 122 South 3rd Street Louisiana, Missouri
22c. DATE SIGNED 8/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 21, 1960
23c. NAME OF CEMETERY OR CREMATORY Indian Creek Cemetery
23d. LOCATION (City, town, or county) (State) Calhoun County, Illinois

24. FUNERAL DIRECTOR C. C. Hanks ADDRESS Hardin, Illinois
25. DATE RECD. BY LOCAL REG. Aug 22-60
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 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 J B Sterrel

Licensed Embalmer No. 4039

P. O. Address Louisia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.