URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1960

-60-031812

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8201

NDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri. Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's Hospital Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Adams

c. CITY OR TOWN: Quincy Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 2131 Cedar Street., Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Lottie Middle Fay Last Ames

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: 9/28/1898

9. AGE (last birthday): 61 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Unavailable

13b. MOTHER'S MAIDEN NAME: Mary Unavailable

14. NAME OF HUSBAND OR WIFE: William Ames

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT Address: William Ames, 2131 Cedar, Quincy, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis Basilar Artery. — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis, Cerebral Severe — 1 yr.

DUE TO (c) Encephalopathy, Sec to 1 332x — 1 yr.

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 7-16-60, to 8-18-60 and last saw her/him alive on 8-18-60

Death occurred at 8:10 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George C. Rosenbaum MD

22b. ADDRESS: 3720 Washington Ave

22c. DATE SIGNED: 8-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8/19/60

23c. NAME OF CEMETERY OR CREMATORY: Local

23d. LOCATION (City, town, or county) (State): Quincy, Illinois.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG.: AUG 19 1960

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

OCT 10 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 Wm Dunsley

Licensed Embalmer No. 3653

P. O. Address Ft Lee NJ

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