JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-031866

FILED VS SEP 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8487 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

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

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

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

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

d. STREET ADDRESS (If outside, give location): 2901 Western Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Susan — Middle: — Last: Beatty

4. DATE OF DEATH: Month: August Day: 26, Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/15/1943

9. AGE (last birthday): 17 — 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): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (City and state or country): Oberlin, Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Croom Beatty III

13b. MOTHER'S MAIDEN NAME: Eleanor Fulford

14. NAME OF HUSBAND OR WIFE: None

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.: None

17. INFORMANT: Croom Beatty III, Address: Mattoon, Ill.

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): Subarachnoidal Hemorrhage with clotted blood in both lateral ventricles

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

DUE TO (b): 8254

DUE TO (c): 33

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Injured in automobile accident

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.) Mattoon Ill. on Aug 14 1960. Cause and manner of same could not be determined

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 81460

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.): Hwy 11

20f. CITY, TOWN, OR LOCATION: Mattoon — COUNTY: Ill — STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 240 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick J. Taylor Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 8-29-60

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

23b. DATE: 8-29-60

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

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

25. DATE RECD. BY LOCAL REG.: AUG 29 1960

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

MEDICAL CERTIFICATION

DOCUMENT

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 b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Not embalmed

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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