

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033395
STATE FILE NUMBER

FILED VS SEP 7 1960 317

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2540

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in lb 348 days		c. CITY OR TOWN Madison		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mother od Good Counsel Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1918 Edwardsville Road.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CATHERINE Middle KULA Last KULA				4. DATE OF DEATH Month 8 Day 26 Year 60			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-1-72	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) (unknown) Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Mike Smolik			13b. MOTHER'S MAIDEN NAME Mary Kula		14. NAME OF HUSBAND OR WIFE George Kula		
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 Joseph Kula Address 1918 Edwardsville Road Madison, Illinois			
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 Occlusion Arterio sclerosis DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH Immediate	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> none			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. none	Month, Day, Year none						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION none		COUNTY STATE	
21. I attended the deceased from Sept. 9 59 to Aug. 26 60 and last saw her alive on 8-25-60 Death occurred at 4:31 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M E Stachle M.D. (Degree or title)			22b. ADDRESS 7124 Natural Bridge St. Louis, 20, Mo.			22c. DATE SIGNED 8/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8/27/60	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) Madison County, Illinois			(State)
24. FUNERAL DIRECTOR John L. Sedlack ADDRESS Madison, Illinois			25. DATE RECD. BY LOCAL REG. 8-27-60		26. REGISTRAR'S SIGNATURE June M. Murphy M.D.		

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 John L Sedlack

Licensed Embalmer No. 3747

P. O. Address Madison Ill

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.