

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036073

FILED VS SEP 28 1960

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9347

STATE FILE NUMBER

NDEED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Williamson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Road Dist. 9-1	
Length of stay in 1b 7 weeks		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		d. STREET ADDRESS (If outside, give location) R. R. #1 - Carterville	
Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print)		First MARY		Middle ELDERS		Last		4. DATE OF DEATH Month Sept. 22, 1960 Day Year	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6/1/05		9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) School Teacher - Elementary School		10b. KIND OF BUSINESS OR INDUSTRY Ashley, Illinois		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME William Thomson		13b. MOTHER'S MAIDEN NAME Alice Hinkley		14. NAME OF HUSBAND OR WIFE Lewis Elders					
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. 326-22-7118		17. INFORMANT R. R. # 1 Address Lewis Elders, Carterville, Ill.					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Generalized Carcinomatosis Carcinoma of Cervix 171X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4+ years	
---	--	--	--

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 October 1959, to 9-22-60 and last saw her alive on 9-22-60. Death occurred at 7:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE (Degree or title) William H. Paris M.D.	22b. ADDRESS 3121 N. Grand. St Louis 7	22c. DATE SIGNED 9-23-60
---	---	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/25/60	23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	23d. LOCATION (City, town, or county) (State) Carterville, Illinois
---	----------------------	---	--

24. FUNERAL DIRECTOR Biggin Funeral Home - Carterville, Ill.	25. DATE RECD. BY LOCAL REG. SEP 23 1960	26. REGISTRAR'S SIGNATURE Earl Smith 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

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John J. Keady III

Licensed Embalmer No. *1111*

P. O. Address

E. H. Jones

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.