

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>City of Louis. #1</u>				Length of stay in 1b <u>2 wks.</u>		c. CITY OR TOWN <u>St Louis</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1209 S 14th</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELSIE A IVY</u>				4. DATE OF DEATH Month Day Year <u>Oct. 13, 1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/11/96</u>	9. AGE (last birthday) <u>64</u>	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) <u>Public Utilities</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Employee</u>		11. BIRTHPLACE (City and state or country) <u>Mc Miller Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Fate Riddle</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Hase Ivy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Ryburn H Ivy 200 Lambeth Lane</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Peritonitis throughout the entire abdominal cavity with biliousness</u> DUE TO (b) <u>with biliousness</u> DUE TO (c) <u>caused by mesenteric thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>570.2</u>						20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>3:50 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>[Signature]</u>				22b. ADDRESS <u>1500 Clair</u>		22c. DATE SIGNED <u>10/14/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/17/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Lemay 25 Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Fendler Und. Co. 7420 Michigan 11</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 14 1960</u>		26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>	

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

W. G. Peterson

Licensed Embalmer No. 376

P. O. Address 7420 Mid

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