

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014239
STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 59V Registrar's No. 47

FILED APR 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 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 RURAL JOACHIM | | c. CITY OR TOWN Granite City | |
| Length of stay in lb | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL HOSPITAL | | d. STREET ADDRESS (If outside, give location) 3209 Rodgers | |
| 3. NAME OF DECEASED (Type or print) First Lyle Middle S. Last Hannah | | 4. DATE OF DEATH Month 4 Day 16 Year 61 | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-10-23 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER | | 10b. KIND OF BUSINESS OR INDUSTRY GRANITE CITY ENG. DEPOT | 11. BIRTHPLACE (City and state or country) SEYMOUR, ILLINOIS |
| 13a. FATHER'S NAME SAMUEL HANNAH | | 13b. MOTHER'S MAIDEN NAME FLORENCE SIEVERS | 14. NAME OF HUSBAND OR WIFE GAE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT GAE HANNAH | | Address GRANITE CITY, 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) SKULL FRACTURE & BRAIN LACERATION | | | INTERVAL BETWEEN ONSET AND DEATH 15 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) single car Accident. | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | Left Pavement. | | |
| 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.) Highway | 20f. CITY, TOWN, OR LOCATION Joachim Twp. | COUNTY JEFF. STATE Mo. |
| 21. I attended the deceased from Coroner's View and last saw her/him alive on _____ Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) James P. Crow | | 22b. ADDRESS Jefferson Mo. | 22c. DATE SIGNED 4/17/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED | 23b. DATE 4-19-61 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL | 23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS |
| 24. FUNERAL DIRECTOR Francis J. Dehey | | 25. DATE RECD. BY LOCAL REG. 4-17-61 | 26. REGISTRAR'S SIGNATURE James P. Crow |

APR 26 1961

JUN 27 1962

MAY 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Francis J. Fahy

Licensed Embalmer No. 2792

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.