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STATE FILE NUMBER -61-018777

AMENDED

FILED JUN 2 1961

Primary Registration District No. Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY RANDOLPH		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand ST. LOUIS, MO.		Length of stay in 1b 31 DAYS	c. CITY OR TOWN SPARTA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Adm. Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 119 S. MAPLE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle R. Last ALLEN			4. DATE OF DEATH Month 5 Day 14 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 1/30/26	9. AGE (last birthday) 35	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) NONE		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) SPARTA, ILL.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN R. ALLEN		13b. MOTHER'S MAIDEN NAME ETHEL BURNS		14. NAME OF HUSBAND OR WIFE GRIFFIN ALLEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII			17. INFORMANT Address GRIFFIN ALLEN (WIDOW) SEE # 2		
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) CONGESTIVE HEART FAILURE					UNKNOWN
DUE TO (b) MECHANICAL COMPRESSION OF HEART					UNKNOWN
DUE TO (c) RHEUMATOID SPONDYLITIS 7221					UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MACROCYTTIC ANEMIA - HYPERTENSIVE CARIOVASCULAR HEART/DISEASE					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 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.)			
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 VA attended the deceased from 4/13/61 to 5/14/61 and last saw him alive on 5/14/61 . Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John R. Hogan M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5/15/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-15-1961	23c. NAME OF CEMETERY OR CREMATORY Sparta, Illinois		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Walker Funeral Home, Sparta, Illinois.			25. DATE RECD. BY LOCAL REG. MAY 15 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

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 Chas. R. Sadwell

Licensed Embalmer No. 4079

P. O. Address St. Louis

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.