SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5789 -61-022520 STATE FILE NUMBER

FILED JUN 29 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Marion

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI
Length of stay in 1b

c. CITY OR TOWN SALEM
Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 302 E. Park Street
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: LOTTIE Middle: ELIZABETH Last: EVELAND

4. DATE OF DEATH Month: JUNE Day: 21 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1893

9. AGE (last birthday): 68

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Marion Co., Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Lum Mulvaney

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George Eveland, Address: Salem, Illinois R.1

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)	PULMONARY EMBOLI	8-12 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	RADICAL VULVECTOMY	2 WEEKS
DUE TO (c)	CARCINOMA OF VULVA 176.0	6 MONTHS

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 MAY 22, 1961, to JUNE 21, 1961 and last saw her/him alive on JUNE 21, 1961
Death occurred at 1:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. R. Bradley M.D. (Degree or title) F. R. BRADLEY, M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 6/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE 6-24-1961

23c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery

23d. LOCATION (City, town, or county) (State): Clay Co., Ill.

24. FUNERAL DIRECTOR: Bowman-Hancock ADDRESS: Salem, Ill.

25. DATE RECD. BY LOCAL REG.: JUN 21 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | DOCUMENT | ITEM NO. | SHOULD READ | BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. 7541

P.O. Address E. 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.