

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022615

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5544

STATE FILE NUMBER

FILED JUN 26 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 Jackson Co.			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri			Length of stay in 1b 4 Days		c. CITY OR TOWN Carbondale, Ill.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) RR #2	
3. NAME OF DECEASED (Type or print) First Timothy Middle Lee Last Greer				4. DATE OF DEATH Month 6- Day 12- Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-6-61	9. AGE (last birthday)	IF UNDER 1 YEAR Months 6 Days 6 Hours 6 Min.	IF UNDER 24 HR Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Carbondale, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Chester Leverne Greer			13b. MOTHER'S MAIDEN NAME Gorga Clutts			14. NAME OF HUSBAND OR WIFE Single	
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. None		17. INFORMANT Alice Trowbridge, 500 S. Kingshighway Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carotid aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post op S.L. fistula - type I. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
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. 759.3 <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 _____ Month, Day, Year _____ a.m. _____ p.m. _____							
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 6-8-61 to 6-12-61 and last saw her/him alive on 6-12-61 Death occurred at 10:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Eugenia M. Purce MD				22b. ADDRESS 500 S. Kingshighway		22c. DATE SIGNED 6/13/61	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE June 14/61	23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) (State) Carbondale, Ill.		
24. FUNERAL DIRECTOR Joe F. Van Natta Address Carbondale, Ill.			25. DATE RECD. BY LOCAL REG. JUN 14 1961		26. REGISTRAR'S SIGNATURE Loard 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

NOT EMBALMED

Signed **Joe F. Van Natta** _____

Licensed Embalmer No. _____

P. O. Address **Carbondale, 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.