

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7478

AMENDED

FILED AUG 18 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Coles</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Mattoon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Cheryl</u> Middle <u>Kay</u> Last <u>Spencer</u>				4. DATE OF DEATH Month <u>8</u> Day <u>10</u> Year <u>61</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-15-61</u>	
9. AGE (last birthday) <u>26</u>		IF UNDER 1 YEAR Months <u>26</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Mattoon, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Hamilton Spencer</u>				13b. MOTHER'S MAIDEN NAME <u>Shirley Bolen</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Doris Mason 500 S. Kingshighway</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>Cordice Arrest Respiratory arrest</u> DUE TO (b) <u>Congenital Heart disease Cyanotic</u> DUE TO (c) <u>Transposition of Great Vessels</u> <u>Infarcted Septal defect</u>							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) <u>754.7</u>							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 checked="" type="checkbox"/> NO <input 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 <u>5:35</u> a.m. <u>PM</u> Month, Day, Year <u>8-5-61</u>							
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 <u>Mattoon</u>		COUNTY <u>Coles</u> STATE <u>Ill.</u>	
21. I attended the deceased from <u>8-5-61</u> to <u>8-10-61</u> and last saw her/him alive on <u>8-10-61</u> Death occurred at <u>5:35 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In green or blue) <u>Malcolm Garber MD</u>				22b. ADDRESS <u>500 S. Kingshighway</u>		22c. DATE SIGNED <u>8/11/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-12-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Tippett Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cumberland County Cottonwood Township, Ill.</u>	
24. FUNERAL DIRECTOR <u>Bishop Funeral Home, Greenup, Ill.</u>				25. DATE RECD. BY LOCAL REG. <u>AUG 11 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed John Kossly III

Licensed Embalmer No. 5039

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.