

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-034412

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8797 STATE FILE NUMBER

FILED SEP 27 1961

DATE AMENDED: 10/6/61
 ITEM NO. 18a: Acute monocytic leukemia
 BY AFFIDAVIT OF attending physician
 MEDICAL CERTIFICATION
 SHOULD READ: Acute monocytic leukemia
 INSTEAD OF: Viral hepatitis--suspected etiology undetermined

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Length of stay in lb 4 DA.	c. CITY OR TOWN ALTON,	
c. FULL NAME OF (If outside corporate limits, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1826 Kennedy St.	
3. NAME OF DECEASED (Type or print) First BEULAH Middle - Last HARPER			4. DATE OF DEATH Month SEPTEMBER Day 20 Year 1961		
5. SEX FEMALE	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 10-12-93.	9. AGE (last birthday) 67
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) BRECKENRIDGE KY.	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME LICE IRWIN			13b. MOTHER'S MAIDEN NAME MANDY SEATON		14. NAME OF HUSBAND OR WIFE CLAUDE HARPER
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 Claude Harper 1826 KENNEDY Address ALTON ILL.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VIRAL HEPATITIS, SUSPECTED, ETIOLOGY UNDETERMINED - 2 WEEKS DUE TO (b) Acute Monocytic Leukemia 3 months DUE TO (c) 204.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE MONOCYTIC LEUKEMIA PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 attended the deceased from MAY 28, 1961 to SEPT. 20, 1961 and last saw her/him alive on SEPT. 20, 1961 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. D. Vermillion, M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/20/61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-23-61	23c. NAME OF CEMETERY OR CREMATORY UPPER ALTON.	23d. LOCATION (City, town, or county) ALTON, ILLINOIS.		
24. FUNERAL DIRECTOR Clareon Lewis 603 HENRY ALTON		ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 22 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 Carson Quinn

Licensed Embalmer No. 5996

P. O. Address 603 Henry St. A

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.