OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10927 STATE FILE NUMBER 61-042784

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b: 5 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JEWISH HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: MADISON
c. CITY OR TOWN: GRANITE CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1719 DELMAR AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CECIL Middle Last PHELPS
4. DATE OF DEATH: Month 11 Day 22 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-14-03
9. AGE (last birthday): 57
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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: CONFECTIONERY
11. BIRTHPLACE (City and state or country): WHITE COUNTY, ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: NEWTON PHELPS
13b. MOTHER'S MAIDEN NAME: ABBIE SMITH
14. NAME OF HUSBAND OR WIFE: HARRIET PHELPS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Harriet Phelps Address: 1719 DELMAR GRANITE CITY, ILL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): INTRACEREBRAL HEMORRHAGE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): THROMBOCYTOPENIA
DUE TO (c): LYMPHOMA 202.1
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. ☐ 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 OCT. 19, 61 to NOV. 22, 61 and last saw her/him alive on NOV. 22, 1961
Death occurred at 10:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur H. Gaa M.D.
22b. ADDRESS: Jewish Hospital St. Louis
22c. DATE SIGNED: 11/22/61

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11-22-1961
23c. NAME OF CEMETERY OR CREMATORY: POWELL CEMETERY
23d. LOCATION (City, town, or county) (State): NORRIS CITY, ILLINOIS
24. FUNERAL DIRECTOR: McCall Funeral Home ADDRESS: Granite City
25. DATE RECD. BY LOCAL REG.: NOV 24 1961
26. REGISTRAR'S SIGNATURE: Howard Smith, M.D.

DOCUMENT

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_____ Signed Charles E. Merce

Signature of Student Embalmer

Licensed Embalmer No. 2988

P.O. Address Granite Ci

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.