OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042796

ENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11042 STATE FILE NUMBER

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY

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

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

c. CITY OR TOWN E. Alton | 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) 104 Cooper | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LEONARD Middle A. Last PRESSON

4. DATE OF DEATH Month NOVEMBER Day 27 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/7/1894

9. AGE (last birthday) 67

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) Chief Annieler

10b. KIND OF BUSINESS OR INDUSTRY Olin-Mathieson Co.

11. BIRTHPLACE (City and state or country) East Prairie, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Ashley Presson

13b. MOTHER'S MAIDEN NAME Elozabeth Baker

14. NAME OF HUSBAND OR WIFE Eura

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

17. INFORMANT Address Eura Presson, E.Alton, 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) ACUTE MONOCYTIC LEUKEMIA | INTERVAL BETWEEN ONSET AND DEATH 5-7 MONTHS

204.2

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 NOVEMBER 15, 1961, to NOV. 27, 1961 and last saw her/him alive on NOVEMBER 27, 1961

Death occurred at 1:58 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

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

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 11/27/61

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

23b. DATE 11-30-61

23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home, Alton, Illinois.

25. DATE RECD. BY LOCAL REG. NOV 27 1961

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. L. Coffman

Signature of Student Embalmer

Licensed Embalmer No. 6,1,9

P. O. Address Alton, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.