

1963 revision based on the U. S. Standard Certificate of Death.

VS & R 200 - BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 960	REGISTERED NUMBER 80
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Ill b. COUNTY Wayne	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Fairfield		c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Barnhill		d. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township name Barnhill Road District No. 34 gr	
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.		e. LENGTH OF STAY IN 1c or 1d 18 days		e. LENGTH OF RESIDENCE AT 2c or 2d 34 yrs	
f. NAME OF HOSPITAL OR INSTITUTION Memorial Hosp		g. LENGTH OF STAY IN 1f 18 days		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) Barnhill, Ill	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		g. LENGTH OF STAY IN 1f		a. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (FIRST) Earl b. (MIDDLE) Green c. (LAST) Clemmons			4. DATE OF DEATH (MONTH) (DAY) (YEAR) 5-28-65		
5. SEX Male		6. RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	
8. DATE OF BIRTH 3-10-1895		9. AGE (in years last birthday) 70		10. USUAL OCCUPATION Laborer	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Common		11. BIRTHPLACE (City and state or foreign country) Lebanon, Tenn.	
12. Citizen of what U.S.A.		13. FATHER'S FULL NAME William Clemmons		14. MOTHER'S FULL MAIDEN NAME Nancy McGuire	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) yes H.H.I		16. SOCIAL SECURITY NUMBER 357-01-5135		17. INFORMANT a. SIGNATURE Steve Clemmons	
17. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. [Enter only one cause per line for (A), (B) and (C).] IMMEDIATE CAUSE (A) Metastatic Carcinoma of Lung Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. [due to (B) Carcinoma of Lung [due to (C)		18. BIRTHPLACE (City and state or foreign country) Lebanon, Tenn.		12. Citizen of what U.S.A.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A)		19a. DATE OF OPERATION, IF ANY 3-18-65		19b. MAJOR FINDINGS OF OPERATION Metastatic cervical node, left.	
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from 12-13-1963 to 5-28-1965, that I last saw the deceased alive on May 28, 1965, and death occurred at 4:45 P.M. from the causes and on the date stated above.					
Signature: D. A. Gershman		M.D.		License Number: 21540 Date: 5-29-65	
Address: Fairfield, Ill				Phone: 847-7111	
22. DISPOSITION: BURIAL-REMOVAL-CREMATION Date: 5-30-65		23. FUNERAL DIRECTOR SIGNATURE: J. P. D. Jones ADDRESS: 106 N.E. 4th Fairfield License Number: 1899			
CEMETERY: Barnhill					
LOCATION: Barnhill, Ill					
24. Received for filing on 5-30-65 (Signed) Gordon J. Black		LOCAL REGISTRAR			

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