

FILED FEB 27 1942

Registration District No. 73

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Wheeling Rural #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from
January 9, 1942, to January 17, 1942
that I last saw him alive on January 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Carcinoma, squamous cell type, of
upper lip, metastatic to cervical
nodes
Carcinoma of lung
Due to anesthesia

Duration
<u>6 mos.</u>
<u>1 yr.</u>

Other conditions: 55e
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of cervical nodes,
metastatic
Of autopsy _____

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Frederic P. Schubert (M. D. or other)
Address Columbia, Missouri Date signed 1/18/42

3. (a) PRINT FULL NAME WILLIAM DUST

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 9, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>18</u>	— hr. — min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Henderson Dust

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Rowark

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Hospital Record

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof: Jan. 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parson Creek Cem.
Linn Co., Mo.

18. (a) Signature of funeral director: Frank C. Smiley

(b) Address Wheeling, Mo.

19. (a) 1/19/42 (b) Ellie Selby
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
2
4

74

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank S. Smiley
Licensed Embalmer No. 4720
P. O. Address Wheeling W. Va.

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 this body is not embalmed, fact should be so stated above.