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OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31668

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8516

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY [illegible]

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 17 days
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Girard~~ Bloomington

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Pacific Hospital
d. STREET ADDRESS (If rural, give location) 303 West Grand

3. NAME OF DECEASED (Type or Print) a. (First) FULTON b. (Middle) LOWELL c. (Last) CHERRY
4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 49

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 12-7-98
9. AGE (In years last birthday) 5 ft IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY R.R.
11. BIRTHPLACE (State or foreign country) Girard - Ill
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Cherry
13b. MOTHER'S MAIDEN NAME Emma McCarver
14. NAME OF HUSBAND OR WIFE Bernice, Bloomington Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Berne ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post Operation attelectosis of lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Rectum — 6 Mo.
DUE TO (c) Hypertensive Cardio Vascular disease — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9-26-49
19b. MAJOR FINDINGS OF OPERATION adenocarcinoma of Rectum
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 460

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 154

22. *I hereby certify that I attended the deceased from* Sept 15, 1949, *to* Oct 2, 1949, *that I last saw the deceased alive on* Oct 2, 1949, *and that death occurred at* 10 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE John H. Williams (Degree or title) M.D.
23b. ADDRESS Mo. Pacific Hospital 3128 Henrietta Ave
23c. DATE SIGNED 10-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-2-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Girard Illinois

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

8516

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 .....
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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