

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 6 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4027

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 364 days	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville	
		d. STREET ADDRESS (If rural, give location) --	

3. NAME OF DECEASED (Type or Print) Jasper	a. (First)	b. (Middle)	c. (Last) BEVERLY	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1949
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 7, 1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) Higginsville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unavailable	13b. MOTHER'S MAIDEN NAME Unavailable	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS Jeff. Barracks
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF HYPOPHARYNX WITH METASTASES TO NECK		INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES Asperation PNEUMONIA			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Aug. 1948	19b. MAJOR FINDINGS OF OPERATION LARYNGOSCOPY-BIOPSY-SQUAMOUS CELL CARCINOMA HYPOPHARYNX	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---
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22. I hereby certify that I attended the deceased from **Sept. 27, 1949** to **Sept. 26, 1949**, and that death occurred at **9:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Stowell (Degree or title) M.D., Chf. of Prof. Serv.	23b. ADDRESS VAH, Jefferson Barracks, Mo.	23c. DATE SIGNED 9-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/30/49	24c. NAME OF CEMETERY OR CREMATORY Higginsville, Mo.	24d. LOCATION (City, town, or county) (State) Higginsville, Missouri
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DATE REC'D BY LOCAL REG. 9-29-49	REGISTRAR'S SIGNATURE Herbert L. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home	ADDRESS St. Louis, Missouri 4107 Finney Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

John K. Cunningham

Licensed Embalmer No. *44710*

P. O. Address

4107 Hursey Ave

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.