

No. 300
110-48

XC-2 FILED MAR 16 1951
Reg.# 90312

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11085

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 601

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF BRKS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON	
c. LENGTH OF STAY (in this place) 95 days		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		d. STREET ADDRESS (If rural, give location) 1511 Maupin Street	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) (NMI) c. (Last) FURLOW			4. DATE OF DEATH (Month) (Day) (Year) 3-6-51			
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-21-90	9. AGE (In years last birthday) 60	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) Janitor		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Madison, Georgia		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CALEB FURLOW		13b. MOTHER'S MAIDEN NAME BERTHA MATHEW		14. NAME OF HUSBAND OR WIFE ETHEL FURLOW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS. MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCOGENIC CARCINOMA			INTERVAL BETWEEN ONSET AND DEATH 8 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162x			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12-2, 1950, to 3-6, 1951, that I last saw the deceased ~~alive~~ and that death occurred at 9:20A m., from the causes and on the date stated above.

23a. SIGNATURE J.E. Stilwell (Degree or title) M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS. MO.		23c. DATE SIGNED 3-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/7/51		24c. NAME OF CEMETERY OR CREMATORY Alton, Illinois	
DATE REC'D BY LOCAL REG. 3/7/51		REGISTRAR'S SIGNATURE Herbert R. Dombke		FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME Charles J. Gates 4107 Finney Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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 R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.