

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40163

FILED DEC 2 1952

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10541**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Murphysboro	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Pacific Hosp.		d. STREET ADDRESS (If rural, give location) 1845 Elm avenue	
3. NAME OF DECEASED a. (First) Willis (Type or Print)		b. (Middle) Allen	
c. (Last) Etherton		4. DATE OF DEATH (Month) (Day) (Year) 11 10 52	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-8-1895
9. AGE (In years last birthday) 57	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) section hand	10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (State or foreign country) Pomona, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Allen Etherton	
13b. MOTHER'S MAIDEN NAME Sarah Lipe		14. NAME OF HUSBAND OR WIFE Lela Etherton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Waller, Rt.4, Carbondale,			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* abdominal Carcinomatosis metastatic		19 mos			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Primary adenocarcinoma sigmoid colon	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		19 mos.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Chronic duodenal ulcer -		8 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Metastatic abdominal Carcinoma -		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X	
22. I hereby certify that I attended the deceased from MAR. 1951 , to NOV. 15, 1952 , that I last saw the deceased alive on NOV. 15, 1952 , and that death occurred at 11:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Henry Saffner M.D.		(Degree or title)		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 15 Nov. 52		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-15-52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Murphysboro, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer & Denny, Murphysboro, Ill	
DATE REC'D BY LOCAL REG. NOV 17 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer & Denny, Murphysboro, Ill	

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 _____

Ronald O. Yahnske

Licensed Embalmer No. _____

3417

P. O. Address _____

St Louis

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.