

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15605

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5465		Registrar's No. 519			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY OR TOWN Springfield		c. LENGTH OF STAY (in this place) 1 month		c. CITY OR TOWN Springfield		d. STREET ADDRESS (If rural, give location) Route 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2				d. STREET ADDRESS (If rural, give location) Route 2					
3. NAME OF DECEASED (Type or Print) Charles			a. (First)		b. (Middle)		c. (Last) Marcoux		
4. DATE OF DEATH May 30, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 11, 1861		9. AGE (In years last birthday) 92		10. IF UNDER 1 YEAR 5 19	
5. SEX Male		6. COLOR OR RACE White		11. BIRTHPLACE (City and State or Foreign Country) QUEBEC, CANADA		12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10b. KIND OF BUSINESS OR INDUSTRY Swift and Company		13a. FATHER'S NAME Charles Marcoux		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Mrs. Cora Marcoux			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Marcoux					
17. ADDRESS Springfield, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154 X				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)		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 May 5, 1954, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Edward Marcus M.D.				23b. ADDRESS 623 Woodruff Bldg.		23c. DATE SIGNED 5-31-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Belleville, Illinois			
DATE REC'D BY LOCAL REG. 6-3-54		REGISTRAR'S SIGNATURE Britt Williams		25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

0390

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

*L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

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.