

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. ....

6141

1328

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 47yrs	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 6119 Kingsbury		STREET ADDRESS (If rural, give location) 2059 6119 Kingsbury	

3. NAME OF DECEASED (Type or Print) Emma	a. (First)	b. (Middle) Adison	c. (Last) Field	4. DATE OF DEATH Feb. 11, 1955
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5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 9, 1887	9. AGE (In years last birthday) 68yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Rosedale, Miss.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Col. L. C. Dulaney	13b. MOTHER'S MAIDEN NAME Emma Atkinson	14. NAME OF HUSBAND OR WIFE Oscar Field
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lorraine Floss Alton Ill.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Nov 19 1954</u>
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19a. DATE OF OPERATION <u>Nov 24</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach with metastasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., at 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? <u>150X</u>
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22. I hereby certify that I attended the deceased from Nov 19, 1954, to Feb 11, 1955, that I last saw the deceased alive on Feb 11, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold P. Boyer</u> (Degree or title) <u>MO BS</u>	23b. ADDRESS <u>508 K Grand</u>	23c. DATE SIGNED <u>2/12/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 14 1955</u>	REGISTRAR'S SIGNATURE <u>Charles Smith MO BS</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam 6175 Delmar</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

DR. HENRY THYM  
508 NO. GRAND BLVD  
2-3 PM

MAY 12 1952

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.....  
Signature of Student Embalmer

Signed *Stanley H. Dizon*

Licensed Embalmer No. *41*  
P. O. Address *D. I.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.