

Health,  
Welfare  
Public  
Service

XC # 333 83 43  
REG # 18156  
SL # 7380

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956 318

1003

STATE FILE NUMBER 7672

Registration District No. Primary Registration District No. Registrar's No.

300  
1-56

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN BEARDSTOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL		d. STREET ADDRESS 710 MARCH	
3. NAME OF DECEASED (Type or print) First MIDDLE Last CARL MILTON TREADWAY		4. DATE OF DEATH Month Day Year 8-17-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-19-88
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) SHELBY, NEBRASKA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME STEPHEN TREADWAY		14. MOTHER'S MAIDEN NAME MARY LEONARD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIVER FAILURE DUE TO (b) HEMOCHROMATOSIS DUE TO (c) 289.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) CARDIAC INSUFFICIENCY			INTERVAL BETWEEN ONSET AND DEATH 2-3 years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 8-6-56 to 8-17-56 and last saw her/him alive on 8-17-56 Death occurred at 6:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Carl Smith		22b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI	
22c. DATE SIGNED 8-18-56			
23a. BURIAL, CREMATION REMOVAL (Specify) Removal		23b. DATE 8-18-56	
23c. NAME OF CEMETERY OR CREMATORY City Cem.		23d. LOCATION (City, town, or county) (State) Beardstown Ill.	
24. FUNERAL DIRECTOR Albert H. Hoppe		25. DATE RECD. BY LOCAL REG. AUG 18 1956	
ADDRESS 4700 Washington		26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Elias P. Padua*

Licensed Embalmer No. *402*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.