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FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35678

STATE FILE NUMBER 8889

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis,Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet.Adm.Hospital Length of stay in 1b 41 days

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY ST.CLAIR
c. CITY OR TOWN EAST ST. LOUIS 812 Inside Limits Yes X No ☐
d. STREET ADDRESS 418 CINVERSE AVE. (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MOSES Middle - Last ISOME
4. DATE OF DEATH Month 9 Day 26 Year 56
5. SEX MALE
6. COLOR OR RACE NEGRO
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-24-92
9. AGE (In years last birthday) 63 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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ROCKFORD, ALABAMA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME BARRY ISOME
14. MOTHER'S MAIDEN NAME DINAH DYKE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 326 14 9631
17. INFORMANT Address VA HOSP.RECORDS,915 N.Grand,St.Louis,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Maglinant tumor involving liver, colon, stomach, retro-peritoneal space.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 199.8
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

INTERVAL BETWEEN ONSET AND DEATH Unk.

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-16-56, to 9-26-56 and last saw ~~her~~ him alive on 9-26-56
Death occurred at 12:08 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Justus W. George (Degree or title) M. D. Justus W. George M.D.
22b. ADDRESS 915 N. Grand. VA Hosp. St. Louis, Mo.
22c. DATE SIGNED 9-26-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-1-1956
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Barracks,Mo

24. FUNERAL DIRECTOR G.Wade Granberry ADDRESS 2202 Finney
25. DATE REC'D BY LOCAL REG. SEP 27 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Melvin E. Gu

Licensed Embalmer No.... 4

P. O. Address St. Lo

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.