

Health, Welfare and Public Service
 300
 -56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36679
 STATE FILE NUMBER

FILED NOV 5 - 1958

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 53

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>STE. GENEVIEVE</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE T.S.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR# 2</u>		Length of stay in lb <u>LIFE</u>	c. CITY OR TOWN <u>STE. GENEVIEVE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
		d. STREET ADDRESS <u>RR# 2</u>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>WINFRED</u>	Middle <u>J.</u>	Last <u>GOURO</u>	Month <u>OCT</u>	Day <u>28</u>	Year <u>1956</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 25 1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>RIVER AUX VASES MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOSEPH GOURO</u>			14. MOTHER'S MAIDEN NAME <u>ANNA LA ROSE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-423587</u>	17. INFORMANT <u>Florence Gouro St. Genevieve RR# 2</u> 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) <u>Carcinoma of aerophagus, lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a). <u>150X</u>		

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 _____ 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 COUNTY STATE

21. I attended the deceased from March 1956 to Oct 28-56 and last saw ^{her} ~~him~~ alive on Oct. 27-56
 Death occurred at _____ P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>C. J. Lassalle MD</u>	22b. ADDRESS <u>St. Genevieve Mo</u>	22c. DATE SIGNED <u>Oct 29 1956</u>
--	---	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>OCT 31 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PHILLIP'S JAMES</u>	23d. LOCATION (City, town, or county) (State) <u>RIVER AUX VASES MO</u>
--	---------------------------------	--	--

24. FUNERAL DIRECTOR <u>Rever. Basil St. Genevieve Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct. 30, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Louis Basler</u>
--	---------	--	--

(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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Adrian J. Eller

Licensed Embalmer No. 471

P. O. Address *St. Ann*

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.