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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2518

FILED JAN 25 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes ☐ X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 18 Park Lane, Hospital Length of stay in 1b 9 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Jefferson
c. CITY OR TOWN Mt. Vernon 3120 8 Inside Limits Yes ☐ No X
d. STREET ADDRESS 32 Benton Road (If outside, give location) Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Fern Middle Last Adams
4. DATE OF DEATH Month Day Year Jan. 5, 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. - 1915
9. AGE (In years last birthday) 41 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Thompsonville, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Emil Dearing
14. MOTHER'S MAIDEN NAME Ardine Troops
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Emory Adams, Mount Vernon, Illinois.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of the cervix
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 171X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0
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 11-8-56, to 1-5-57 and last saw her/him alive on 1-5-57
Death occurred at 1-5-57 2:00 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [signature] (Degree or title) 0
22b. ADDRESS 4930 Lindell Blvd.
22c. DATE SIGNED 1-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-5-57
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State) Benton, Illinois,
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,
25. DATE RECD. BY LOCAL REG. JAN 7 1957
26. REGISTRAR'S SIGNATURE [signature] MDB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3

P. O. Address

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.