

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

318

1003

STATE FILE NUMBER
10030
1876

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

Health,
Welfare
Public
Service

300
1-56

Diseases in Part I must be casually related. Coroner must certify to a death due to natural causes. All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be casually related. Coroner must certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY POTOSI			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN POTOSI		1100 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES			Length of stay in lb. 3 1/9	d. STREET ADDRESS BOX 74		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle FRANCIS Last CARSON				4. DATE OF DEATH Month FEB. Day 24, Year 1957			
5. SEX 2 MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 31, 1890	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY JANITOR		11. BIRTHPLACE (City and state or country) MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT H. Smith Address Potosi, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF ESOPHAGUS WITH METASTASES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 150						INTERVAL BETWEEN ONSET AND DEATH 6 MOS.	
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 POTOSI, MO.		COUNTY _____ STATE _____	
21. I attended the deceased from FEB. 7, 1957 to FEB. 24, 1957 and last saw her/him alive on FEB. 24, 1957 Death occurred at 12:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i> (Degree or title) C. D. Vermillion, M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 2/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 27 1957	23c. NAME OF CEMETERY OR CREMATORY Colored Cemetery		23d. LOCATION (City, town, or county) (State) Potosi, Mo.		
24. FUNERAL DIRECTOR Smith Funeral Home Potosi, Mo.			ADDRESS _____	25. DATE RECD. BY LOCAL REG. FEB 25 '57	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith md</i> M. J. B.		

MAR 20 1931

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 George N. Archambault Student Embalmer No. working under my personal supervision...

Student
Signature of Student Embalmer

Signed George N. Archambault
Licensed Embalmer No. 2906

P. O. Address 9554 Radio-D

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.