

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1957

14380

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Bonne Terre Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY-OR TOWN Bonne Terre 0946	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb		d. STREET ADDRESS 415 Murrill Court (If outside, give location) *Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Arthur NEY			4. DATE OF DEATH Month Day Year April 3, 1957
5. SEX Male <input type="checkbox"/>	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 Oct. 14, 1889
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Month Day Hours Min. 5 17	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard Operator		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead	11. BIRTHPLACE (City and state or country) 0 Farmington, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Xavier NEY	
14. MOTHER'S MAIDEN NAME Anna EVART		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I	
16. SOCIAL SECURITY NO. 490-03-1392		17. INFORMANT Olga NEY Address 415 Murrill Court Bonne Terre, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epidermoid carcinoma of lung			INTERVAL BETWEEN ONSET AND DEATH 6 months
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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		COUNTY STATE	
21. I attended the deceased from November, 1956 to 4/3/57 and last saw ^{her} him alive on 1/29/57 Death occurred at 10:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <i>John W. Miller M.D.</i>		22b. ADDRESS Bonne Terre, Mo.	
22c. DATE SIGNED 4-5-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 6, 1957	
23c. NAME OF CEMETERY OR CREMATORY Cem.		23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri	
24. FUNERAL DIRECTOR Boyer - Benham		25. DATE RECD. BY LOCAL REG. April 5, 1957	
26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>			

APR 25 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *B. T. Dayer*.....

Licensed Embalmer No... 3660

P. O. Address Desloge, Mo

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