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SL-14463 R-26038

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **26350**
STATE FILE NUMBER **6532**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FREMONT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Length of stay in lb 32 DAYS		38 STREET ADDRESS (If outside, give location) 0180	
3. NAME OF DECEASED (Type or print) First EARL Middle Last MALES			4. DATE OF DEATH Month 7 Day 12 Year 57		
5. SEX MALE	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 7-1-93	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) N. BALTIMORE, OHIO	
13. FATHER'S NAME CHARLES MALES			14. MOTHER'S MAIDEN NAME LUCY DYKUS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give year or dates of service) WW-I		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, 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 LUNG WITH METASTASES TO LIVER, ADRENALS AND BONE. 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 (n)					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
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. VA attended the deceased from 6-10-57 to 7-12-57 and last saw her him alive on 7-12-57 Death occurred at 8:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ira M. Bushoff (Degree or title) <i>Ira M. Bushoff</i>			22b. ADDRESS M.D. VAH, 915 N. GRAND, ST. LOUIS, MO.		22c. DATE SIGNED 7-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/13/57		23c. NAME OF CEMETERY OR CREMATORY Van Buren, Missouri	
23d. LOCATION (City, town, or county) Van Buren, Mo		(State)			
24. FUNERAL DIRECTOR Edward Fendler ADDRESS 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. JUL 13 57		26. REGISTRAR'S SIGNATURE <i>Earl Smith</i>	

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF EMBALMING
CERTIFICATE OF EMBALMENT
No. 79-1-17
Date 12-1-79
Name of Deceased
Age
Sex
Race
Color
Place of Birth
Date of Death
Cause of Death
Place of Burial
Name of Embalmer
Signature of Embalmer
Signature of Student Embalmer

CERTIFICATE OF EMBALMENT 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 *Halley F. Goeller Jr*
Licensed Embalmer No. 79
P. O. Address *St. Louis*

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.