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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

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33664

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9146

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hospital — Length of stay in 1b: 23

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1811 Nebraska — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First VIRGINIA Middle CRILLA Last HURSEY

4. DATE OF DEATH: Month 9 Day 29 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12-8-1879

9. AGE (In years last birthday): 77 — 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: Own Home

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Drury

14. MOTHER'S MAIDEN NAME: Sarah Richards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ruth Hursey, 1811 Nebraska (Address)

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) Hepatic Crisis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adenocarcinoma Liver, Primary
DUE TO (c) 1551

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Chr. Cholecystitis with Cholelithiasis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 July 6, 1957 to Sept 29, 1957 and last saw her/him alive on Sept 28, 1957. Death occurred at 4:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph E. Carney (Degree or title) MD — 22b. ADDRESS: 906 Olive St — 22c. DATE SIGNED: 9-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 10-2-1957 — 23c. NAME OF CEMETERY OR CREMATORY: Studts Cemetery — 23d. LOCATION (City, town, or county) (State): Renault Illinois

24. FUNERAL DIRECTOR ADDRESS: McLAUGHLIN'S, 2301 Lafayette

25. DATE RECD. BY LOCAL REG.: OCT 1 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.D.

(Licensed Embalmer's Statement on Reverse Side)

Jos E Carney

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 James R. Chapm

Licensed Embalmer No. 4

P. O. Address St. Lau

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.