

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37337

STATE FILE NUMBER

9881

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY 1	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2623 PINE		d. STREET ADDRESS 21 2623 PINE	
3. NAME OF DECEASED (Type or print) HARVEY DAY		4. DATE OF DEATH Oct 9 1957	
5. SEX MALE	6. COLOR OR RACE COI	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH —
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		9b. AGE (In years last birthday) 71	9c. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY NEW LONDON, MO	10c. CITIZEN OF WHAT COUNTRY? USA
11. BIRTHPLACE (City and state or county) NEW LONDON, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Chas Day		14. MOTHER'S MAIDEN NAME Blondie Monroe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Chas Day		Address	
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 Larynx with Metastasis DUE TO (b) 161x DUE TO (c) 161x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 8:50 P to — and last saw her alive on — Death occurred at — m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. C. Taylor (Degree or title) Coroner		22b. ADDRESS 1700 Clark St Louis	
22c. DATE SIGNED 10/12/57		23. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-15-57	
23c. LOCATION (City, town, or county) new london mo		23d. (State)	
24. FUNERAL DIRECTOR Geo E Roberts ADDRESS		25. DATE RECD. BY LOCAL REG. OCT. 22 57	
26. REGISTRAR'S SIGNATURE Carl Smith MO			

MEDICAL CERTIFICATION

Hannibal, Missouri

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo E. Hobbs*.....

Licensed Embalmer No. *2113*

P. O. Address *Harmon*

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.