

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022657
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. CITY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Montgomery City Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 6700 none
3. NAME OF DECEASED (Type or print) First William Middle S. Last Metcalf			4. DATE OF DEATH Month July Day 7 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH I-20-1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Louisiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Theadore Metcalf	
13b. MOTHER'S MAIDEN NAME Mollie Starkey		14. NAME OF HUSBAND OR WIFE Millie Metcalf "Decd"	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Cecil Metcalf Loomis Calif
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			INTERVAL BETWEEN ONSET AND DEATH Approx. 5 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			150X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition, Arteriosclerotic Heart Disease, Senility			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 <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 July 7, 1958 to July 7, 1958 and last saw him alive on July 7, 1958 . Death occurred at 12:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. H. Thompson D.O.		22b. ADDRESS New Florence Mo	22c. DATE SIGNED July 8-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 9-1958	23c. NAME OF CEMETERY Montgomery City	23d. LOCATION (City, town, or county) (State) Montgomery City Mo
24. FUNERAL DIRECTOR C. H. Thompson		ADDRESS MONTGOMERY CITY MO	25. DATE RECD. BY LOCAL REG. 7-10-58
26. REGISTRAR'S SIGNATURE Laura B Callaway			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8661 38 70A

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, ~~XXXX~~ on the 7th day of July 1958, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

C. W. Hopkins
C. W. Hopkins
Signed

Licensed Embalmer No. I487
Montgomery City Mo
P. O. Address

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.