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 SL 16525

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-047230  
 STATE FILE NUMBER  
 12697

Registration District No. **318** Primary Registration District No. **1003**

300  
 1-57

All diseases in Part I must be causally related. General list to state in other info 1/12/59  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS, MO		c. CITY OR TOWN GRANITE CITY 8120 4	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VETS ADMIN HOSPITAL		d. STREET ADDRESS (If outside, give location) 2909 MARSHALL	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle L. Last CANTERBERRY		4. DATE OF DEATH Month DEC Day 30 Year 1958	
5. SEX MALE 0	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 10/27/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME RIO CANTERBERRY		13b. MOTHER'S MAIDEN NAME AMANDA LINK	14. NAME OF HUSBAND OR WIFE FLORENCE CANTERBERRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 335011793	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND 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) BILATERAL BRONCHOPNEUMONIA AND LUNG ABSCESS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DIFFUSE PERITONITIS WITH MULTIPLE FIBRINOUS ADHESIONS DUE TO (c) ILEAL ENTECTROPY 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 UNKNOWN UNKNOWN UNKNOWN 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. attended the deceased from 10/22/58 to 12/30/58 and last saw him alive on 12/30/58 Death occurred at 5:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE JACK U. HUDSON (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 12/31/58
23a. BURIAL, CREMATION, REMOVAL (Specify) 12/11?	23b. DATE 1/2/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR Francis J. Lakey ADDRESS madison ell		25. DATE RECD. BY LOCAL REG. DEC 31 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

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 *Francis J. Lacey* .....  
Licensed Embalmer No. *5276* .....  
P. O. Address *Madison, I* .....

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.