

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28810

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7464	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY OR TOWN Venice		b. COUNTY St. Clair	
c. LENGTH OF STAY (In this place) 1 day				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Peoples Hospital				e. STREET ADDRESS (If rural, give location) 213 Hoover Road 91208			
3. NAME OF DECEASED (Type or Print)			a. (First) CORA	b. (Middle)	c. (Last) CARNLEY	4. DATE OF DEATH (Month) (Day) (Year) August 11, 1954	
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Sept 15, 1901	
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) VanVleet, Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Will Garden		13b. MOTHER'S MAIDEN NAME Lillie Townsend		14. NAME OF HUSBAND OR WIFE ***	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mattie Williams-213 Hoover Rd, Venice, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Focal Peritonitis; secondary</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>to Perforated bowel</i> DUE TO (c) <i>by X-ray or radium therapy</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 578X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A. M., from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph M. Quinn</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 12, 1954		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. AUG 12 1954		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home - East St. Louis, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Thomas M. Dabson*

Licensed Embalmer No. *4479*  
*2205 Missou*  
P. O. Address *EAST ST. LOUIS*

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.