

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSISSIPPI  
STANDARD CERTIFICATE OF DEATHState File No. **38180**

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **10681**

|   |                                 |  |   |   |   |  |
|---|---------------------------------|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mississippi</b> b. COUNTY <b>Alcorn</b> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                                 | c. LENGTH OF STAY (In this place)<br><b>3 wks</b>  | c. CITY OR TOWN <b>Corinth</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific</b>   |                                 |  | e. STREET ADDRESS (If rural, give location)<br><b>311 Davis</b>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Willie Drish</b>  |                                 |  | b. (Middle) _____   | c. (Last) _____   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12 6 1955</b>   |  |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>Cotoneo</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                  | 8. DATE OF BIRTH <b>12-20-1889</b>  |   | 9. AGE (In years last birthday) <b>65</b><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HRS.: Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Round House Laborer Railroad</b>  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Corinth, Mississippi</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Johnny Drish</b>  |                                 | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Lillian Drish</b>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                 | 16. SOCIAL SECURITY NO. <b>Unknown</b>   | 17. INFORMANT'S SIGNATURE OR NAME <b>Lillian Drish</b>  |   | ADDRESS <b>311 Davis Ave, Corinth, Miss.</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                       |                                 |  | MEDICAL CERTIFICATION   |   |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Adenocarcinoma of Stomach</b>  |                                 |  | INTERVAL BETWEEN ONSET AND DEATH <b>4 mos</b>   |   |   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____   |                                 |  |   |   |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Lobar pneumonia</b>  |                                 |  |   |   |   |  |
| 19a. DATE OF OPERATION _____  |                                 | 19b. MAJOR FINDINGS OF OPERATION <b>Advanced Carcinoma of Stomach</b>                                  |   |   | 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) <b>151A</b>  |   | (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? _____  |   |   |  |
| 22. I hereby certify that I attended the deceased from <b>11/16/55</b> , 19____, to <b>12/6/55</b> , that I last saw the deceased alive on <b>12/6/55</b> , and that death occurred at <b>2:10 PM</b> , from the causes and on the date stated above. |                                 |  |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <b>Bart M. Cassman, M.D.</b>   |                                 |  | 23b. ADDRESS <b>462 N. Taylor, St Louis</b>   |   | 23c. DATE SIGNED <b>12-6-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  | 24b. DATE <b>Dec. 6, 1955</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>Corinth, Mississippi</b>                               |   |  |
| DATE REC'D BY LOCAL REG. <b>DEC 6 1955</b>  |                                 | REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Marion Office</b> ADDRESS <b>2114 Missouri Ave, St. Louis, Ill.</b> |   |  |

S.P. (Licensed Embalmer's Statement on Reverse Side)

JUN 26 1958

9561 8 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ben H. Baldwin*.....

Licensed Embalmer No. 24

P. O. Address 721 N. 24

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.