

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14576

STATE FILE NUMBER

FILED APR 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's **3572**

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Inside Limits OR TOWN 915 N. GRAND. ST. LOUIS MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GRANITE CITY 91208 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL Length of stay in 1b 92 DAYS		d. STREET ADDRESS 2652 BENTON (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle W Last COX			4. DATE OF DEATH 4-12-57 Month 4 Day 12 Year 57
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-12-78
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 7 Days 12 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PERRY CO. INDIANA
13. FATHER'S NAME GEORGE COX		14. MOTHER'S MAIDEN NAME LUCINDA FOSTER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yrs, give year or dates of service) SPAW		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT MISSOURI Address VA HOSP. RECORDS, 915 N. GRAND. ST. LOUIS.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF THE DUODENUM Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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
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.) 152x	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) VA	20f. CITY, TOWN, OR LOCATION VA HOSPITAL ST. LOUIS, MO. COUNTY _____ STATE _____
21. I attended the deceased from 1-10-57 to 4-12-57 and last saw him alive on 4-12-57 Death occurred at 3:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. D.		22b. ADDRESS VA HOSPITAL ST. LOUIS, MO.	22c. DATE SIGNED 4-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-12-1957	23c. NAME OF CEMETERY OR CREMATORY ST. JOHNS
23d. LOCATION (City, town, or county) GRANITE CITY, ILLINOIS		(State)	
24. FUNERAL DIRECTOR Frank Mercer ADDRESS Granite City, Ill		25. DATE RECD. BY LOCAL REG. APR 15 '57	26. REGISTRAR'S SIGNATURE Carl Smith MD

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 *Charles E. Weese*

Licensed Embalmer No. *290*

Granite City

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.