

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030215  
STATE FILE NUMBER

SEP 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8516

S. 300  
1-57

All diseases in Part I must be causally related.

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 1336 Goodfellow	
Length of stay in 1b 20 6/8		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Cornelius Buck			4. DATE OF DEATH Month Day Year 8 30 58
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 7 Days 20 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Montgomery Tennessee /		12. CITIZEN OF WHAT COUNTRY? U S A.	
13a. FATHER'S NAME Fred Buck		13b. MOTHER'S MAIDEN NAME Rittie Quailes	
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)		16. SOCIAL SECURITY NO. 493 03 4496A	17. INFORMANT Address Mrs. Hall 3848A St. Ferdinand
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ca of Larynx with metastases to neck</i> <i>Ca of Larynx - metastasis to heart</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>161x</i> 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 undet.
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 6-18-58 to 8-30-58 and last saw <sup>xx</sup> him alive on 8-30-58 Death occurred at 10:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L.J. Clanton (Degree or title) <i>L. J. Clanton</i> , M.D.		22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 9-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/5/58	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) ST. LOUIS County MO.
24. FUNERAL DIRECTOR Herman J. Smith		ADDRESS 4247 W. Labadie	25. DATE RECD. BY LOCAL REG. SEP 3 '58
		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> m 5 B	

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Alstine*

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.