

FILED FEB 18 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5511

State File No.

62

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>2022</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Madison</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 N. Mine La Motte Ave.</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		d. STREET ADDRESS (If rural, give location) <u>208 N. Mine La Motte Ave.</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Jesse</u>	b. (Middle) <u>Amou</u>	c. (Last) <u>Francis</u>	Month <u>Nov</u>	Day <u>31</u>	Year <u>49</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 9, 1900</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>49 0 22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead mines</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Francis</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Spain</u>		14. NAME OF HUSBAND OR WIFE <u>Delphia Francis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Delphia Francis - Fredericktown, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		ANTECEDENT CAUSES				None	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Valvular heart lesions</u>				3 or 4 yrs	
		DUE TO (c) <u>arterio Sclerosis</u>				3 or 4 years	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Had four lung trouble found with XRay</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased and <u>did not attend him at time of death</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 29</u> , 1949, and that death occurred at <u>2033 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. Henry Barron M.D.</u>		23b. ADDRESS <u>Fredericktown Mo.</u>		23c. DATE SIGNED <u>2-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Des Arc cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Des Arc - Iron Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-9-1949</u>		REGISTRAR'S SIGNATURE <u>Lawrence Fisher</u>		187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb-Adamson Fredericktown, Mo.</u>	

RECEIVED

Health Officer No. 4
File Number 249-248
Date Filed 2-12-49

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.

Signed L. Joseph Adamow

Licensed Embalmer No. 4351

Signed _____
Student Embalmer

P. O. Address Fredericktown, Mo.

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 this body is not embalmed, fact should be so stated above.