

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16551**

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5211 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>McDonald Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Elkham</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Elkham Elkham</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles S.W. of Stella Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Palestine</u> b. (Middle) _____ c. (Last) <u>FRANCISCO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 49</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 11 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Month <u>5</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mo Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>M. P. Burgin</u>	13b. MOTHER'S MAIDEN NAME <u>Anne Burgin</u>	14. NAME OF HUSBAND OR WIFE <u>William Francisco</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Estes Francisco</u>	ADDRESS <u>Stella Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis and Nephritis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>592X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan 1 1944 to June 1 1949 that I last saw the deceased alive on Jan 1 1949 and that death occurred at 2 30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William D. Plummer</u> (Degree or title)	23b. ADDRESS <u>Stella Mo</u>	23c. DATE SIGNED <u>6/1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 3 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McNatt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman Mo RT #</u>
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DATE REC'D BY LOCAL REG <u>June 3, 1949</u>	REGISTRAR'S SIGNATURE <u>O. E. Plummer</u>	25. FUMERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Ope</u>	ADDRESS <u>Stella Mo</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED

District Health Officer No. 6,

District File Number 649-654

Date Filed 6-9-49

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 _____

James Kenneth Duncan Student Embalmer No. 308
working under my personal supervision.

James Kenneth Duncan
Student Embalmer

Signed Wm Marie Pope
Licensed Embalmer No. 34439

P. O. Address Wheaton, 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.