

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26793

State File No.

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5560 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 4 Weeks		d. STREET ADDRESS (If rural, give location) 1940 West Atlantic	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Willow Spgs. R#1			
3. NAME OF DECEASED a. (First) Lessie b. (Middle) Elizabeth c. (Last) FILES			4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1949.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1897
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 8 Days 16	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Randolph County, Arkansas
12. CITIZEN OF WHAT COUNTRY? --			
13a. FATHER'S NAME James P. Clingings		13b. MOTHER'S MAIDEN NAME Matilda Taylor	14. NAME OF HUSBAND OR WIFE Paul Files
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Files, Springfield, Missouri.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbid 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. H	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Aug. 4</u> , 19 <u>49</u> , to <u>Aug 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug. 7</u> , 19 <u>49</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Thomas Francisco, D.O.		23b. ADDRESS Willow Springs, Mo.	
23c. DATE SIGNED 8-10-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/10/49.	
24c. NAME OF CEMETERY OR CREMATORY U.S. National		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burns Funeral Home, Willow Spgs., Mo.			
DATE REC'D BY LOCAL REG Aug. 10, 1949		REGISTRAR'S SIGNATURE 387 Marshall Ballard	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-12-49

District Health Officer No. 5,

District File Number 849570

Date Filed 8-13-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Fred W. Barnes
Fred W. Barnes,

Signed _____
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.