

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36120

BIRTH NO. _____		REG. DIST. NO. <u>370</u>		PRIMARY REG. DIST. NO. <u>4574</u>		State File No. <u>6258</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENVILLE</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENVILLE</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCOIS TOWNSHIP</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>RAYMOND FRANCIS</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Oct. 6 1949</u>		(Month)		(Day)		(Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 23 1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>17</u>		11. BIRTHPLACE (State or foreign country) <u>SIoux CITY, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILROADMAN RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA ADAMS - DECEASED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>709-01-6041</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Allen Busbank</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull fracture</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>W</u> <u>3</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 x 2</u> <u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wayne Missouri</u>		21d. TIME OF INJURY <u>Oct. 6, 1949 - 4:30 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>Run over by car</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin E. Busbank</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Redman</u>		23c. DATE SIGNED <u>Oct. 7 - 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>Oct. 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>CENTRALIA Ark.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Bladys E. Marshall</u>		341 3. FUNERAL DIRECTOR'S SIGNATURE <u>Therese Funeral Home Greenville</u>		ADDRESS <u>Greenville</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>J.S. Marshall</u>							

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

DEC 3 1949

RECEIVED 10-18-49

District Health Officer No. 4

District File Number 1049-132

Date Filed

NOV 11 1949

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.....
Student Embalmer

Signed

Tris S. Marshall

Licensed Embalmer No. 4601

P. O. Address *Guernsey 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.