

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Donno*

34222

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5838 Registrar's No. 63

770  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>SIKESTON MO R7D #3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>FRANCIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-12-50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 7 1861</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>CLARK Co ARK</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ROBERT EVANS FRANCIS</u>		13b. MOTHER'S MAIDEN NAME <u>JANE PITTS</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN WESLEY FRANCIS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ollie Smith Peters - Morehouse Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Hypertension</u>			
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.			<u>42-5-1</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) m.	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>10-1-</u> , 19 <u>50</u> , to <u>10-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>50</u> , and that death occurred at <u>12:15 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Donno M.D.</u> (Degree or title)		23b. ADDRESS <u>Morehouse, Mo.</u>	23c. DATE SIGNED <u>10-20-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley Funeral Home - Sikeston Mo.</u>	DATE REC'D BY LOCAL REG. <u>10-25-50</u> REGISTRAR'S SIGNATURE <u>Nelson Louis Jones</u>		

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**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 .....  
Student Embalmer

Signed.....

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address. Keaton 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.