

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36873

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY **Howell**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mtn. View, Mo.** c. LENGTH OF STAY (In this place) **2 days**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **General Hospital**

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Douglas**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Willow Springs, Rural 0340**

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) **FRANCES** b. (Middle) **ELIZABETH** c. (Last) **CLINTON**

4. DATE OF DEATH (Month) (Day) (Year)
11-26-1950

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Sept 18, 1886**

9. AGE (In years last birthday) **64** IF UNDER 1 YEAR Months **2** Days **8** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Own home**

11. BIRTHPLACE (State or foreign country) **Ozark County, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Riley Driskell**

13b. MOTHER'S MAIDEN NAME **Sarah Jane Dobbs**

14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Sigle Watkins West Plains Mo.**

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) **Myocardial insufficiency**

ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 week**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 24, 1950**, to **Nov. 26, 1950**, that I last saw the deceased alive on **Nov. 24, 1950**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Thomas T. Francisco D.O.**

23b. ADDRESS **Willow Springs, Mo.**

23c. DATE SIGNED **Nov. 26, 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **11/30/50**

24c. NAME OF CEMETERY OR CREMATORY **Sweeton Cemetery**

24d. LOCATION (City, town, or county) (State) **Ozark County Mo.**

DATE REC'D BY LOCAL REG. **12-6-50**

REGISTRAR'S SIGNATURE **Laura Mitchell 126**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Burns Funeral Home Willow Springs,**

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

60

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 8 1950

Dist. File 1250-2437

Date Filed 12-8-50

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.

Fred W. Barnes

Signed Fred W. Barnes

Student

Student Embalmer

*11305
Nov 20 50*

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.