

FILED APR 10 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9085
Registrar's No. 29

500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH <u>MOUNTAIN VIEW HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):			
a. COUNTY <u>JEFFERSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>ST. FRANCIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JOACHIM</u>		c. LENGTH OF STAY (in this place) <u>5 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOE RUN</u>		<u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOUNTAIN VIEW HOME</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANCIS</u>		a. (First) <u>FRANCIS</u>		b. (Middle) <u>J</u>		c. (Last) <u>ANTOINE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 1 1951</u>		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>NOV. 11, 1961</u>		9. AGE (in years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>	
13a. FATHER'S NAME <u>FRANCIS J. ANTOINE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CROCHET</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. FRANCIS ANTOINE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FRANCIS ANTOINE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 WEEKS</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Disease</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) _____					
		Morbid conditions, if any, giving 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4221		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) (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>11-24</u> , 19 <u>50</u> , to <u>4-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-27</u> , 19 <u>51</u> , and that death occurred at <u>4:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. N. D. Small M.D.</u>				23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>4-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/3/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DOE RUN</u>		24d. LOCATION (City, town, or county) (State) <u>DOE RUN MO.</u>	
DATE REC'D BY LOCAL REG. <u>4/3/51</u>		REGISTRAR'S SIGNATURE <u>Eleanora Per</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. Cady</u>		ADDRESS <u>Crystal City, Mo.</u>	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 4-6-51

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 James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, 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.