

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16296

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 7208 Registrar's No. 8

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Harrison</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Cainsville</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Harrison</u>
c. LENGTH OF STAY (In this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cainsville</u> <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lucy</u>	b. (Middle) <u>Oleva</u>	c. (Last) <u>Francis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>3</u> <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 8, 1872</u>	9. AGE (In years last birthday) <u>78</u> IF OVER 1 YEAR: Month _____ Days _____ IF UNDER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mercer County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Daniel Hart</u>	13b. MOTHER'S MAIDEN NAME <u>Mary O'lamands</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence A. Francis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence A. Francis</u>	ADDRESS <u>Cainsville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> 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 <u>3-31 X</u>	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 4-26-51, 1951, to 5-3-51, 1951, that I last saw the deceased alive on May 3rd, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Benton J. Pettel</u>	(Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Princeton, Missouri.</u>	23c. DATE SIGNED <u>5/5/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>	24b. DATE <u>May 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freedman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>RFD Cainsville, Mo.</u>

DATE REC'D BY LOCAL REG. <u>May 12-1951</u>	REGISTRAR'S SIGNATURE <u>S. Ph. Shaw</u> <u>1170</u>	EMBALMER'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cainsville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0410



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, W. J. Jeff

Winifred S. Wilson 7270

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Winifred S. Jeff Wilson

Licensed Embalmer No. 4716

Signed _____
Student Embalmer

P. O. Address Cainsville, 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.