

FILED AUG 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27822

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> <u>0812</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Byron, Missouri</u> <u>0760</u>	
c. LENGTH OF STAY (In this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>Belle, Mo., R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Francis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-21-51</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>Aug 14 1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Left employed</u>		11. BIRTHPLACE (State or foreign country) <u>Byron Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>L. C. Francis</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Alta Mitchell Francis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>499-26-1831</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sabah Pearson</u> ADDRESS _____

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 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Left traumatic pneumothorax, Multiple fractures right ribs, Deceleration lever</u>		
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 _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Spring Creek Mariez Mo.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-21-51 12:10pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall of clay loist</u>
22. I hereby certify that I attended the deceased from <u>Aug 21</u> , 19 <u>51</u> , to <u>Aug 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 21</u> , 19 <u>51</u> , and that death occurred at <u>1:40 Pm.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>Clery Drake M.D.</u>	23b. ADDRESS <u>Rolla, Mo</u>	23c. DATE SIGNED <u>2/25/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Francis Cemetery Belle, Mo R.D.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>Aug 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Morrow</u> ADDRESS <u>Jim, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1967 / 1000

VS
AUG 5
1966

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 Vernon M. Moster

Licensed Embalmer No. 4125

P. O. Address Linn 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.