X No. 300
10-48

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1739

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 17

93
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Macon & MoPac Railroad

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 1493
d. STREET ADDRESS (If rural, give location): 1432 Sophia St

3. NAME OF DECEASED (Type or Print)
a. (First): FREDA
b. (Middle): JUANITA
c. (Last): FRANCISCO

4. DATE OF DEATH (Month) (Day) (Year): February 1, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 20, 1920
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Berryville, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Clinton Stacey
13b. MOTHER'S MAIDEN NAME: Beatrice ?
14. NAME OF HUSBAND OR WIFE: C. Francisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: C. Francisco, 1432 Shophia, Carthage, 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) Traumatic; Skull fracture, Chrushed Chest, Chrushed pelvis,

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Compound fractures both Tibiae, Compound Lt Humerus, and fractures both forearms and Lt Femur.

DUE TO (c) Train - Automobile Collision at 11:55 AM 2/1/52

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

INTERVAL BETWEEN ONSET AND DEATH: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 116 E8104-27
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): public street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Carthage Jasper Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 1, 1952 11:55
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: collison of auto and MoPac train

22. *I hereby certify that I attended the deceased from* 3-15, 1946, *to* 2-1-52, 19__, *that I last saw the deceased alive on* 9-4-51, 19__, *and that death occurred at* 11:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Carthage, Mo
23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-4-52
24c. NAME OF CEMETERY OR CREMATORY: Park
24d. LOCATION (City, town, or county) (State): Carthage Mo.

DATE REC'D BY LOCAL REG.: 2-4-52
REGISTRAR'S SIGNATURE: L B Clinton, MD 139
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knell Mortuary, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-7-52
Jasper County Health Office

County File Number 52/2/104

Date Filed 2-7-52

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.