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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1952

State File No. 1740  
Registrar's No. 18

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Carthage		5493	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Macon at MoPac Railroad				d. STREET ADDRESS (If rural, give location) 1432 Sophia St.			
3. NAME OF DECEASED (Type or Print) a. (First) PHYLLIS		b. (Middle) ANN		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) never married		8. DATE OF BIRTH April 13, 1939	
9. AGE (In years last birthday) 12		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY education		11. BIRTHPLACE (State or foreign country) Neosho, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Claude Francisco		13b. MOTHER'S MAIDEN NAME Freda Stacey		14. NAME OF HUSBAND OR WIFE	
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. none known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. Francisco, 1432 Sophia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic; Compound fracture of skull ANTECEDENT CAUSES Due to (b) Fall from + left hip surgery. hem - Automobile collision at 11:55 AM 2/1/52. 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 None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		116		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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		21f. HOW DID INJURY OCCUR? collision of auto and MoPac train	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Feb 1, 1952 11:55 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from 3-2, 1951, to 2-1-52, 1952, that I last saw the deceased alive on 1-18-51, 1951, and that death occurred at 11:55 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. M. New 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 CEMETARY OR CREMATORY Park Cem.		24d. LOCATION (City, town, or county) (State) Carthage Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo	
DATE REC'D BY LOCAL REG. 2-4-52		REGISTRAR'S SIGNATURE L. S. Clinters, MD					

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

RECEIVED 2-7-52  
Jasper County Health Office

County File Number 52/2/105

Date Filed 2-7-52

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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. Kneel

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.