No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13550

FILED APR 19 1952

BIRTH NO. 204 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 308 EAST MARVIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown 0621
d. STREET ADDRESS (If rural, give location): 308 EAST MARVIN

0621

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): MARION
c. (Last): FIELDS

4. DATE OF DEATH (Month) (Day) (Year): MARCH 13, 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: March 6, 1872
9. AGE (In years last birthday): 80
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Eldorado Springs, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Preston Fields
13b. MOTHER'S MAIDEN NAME: Minerva Green
14. NAME OF HUSBAND OR WIFE: Missouri A. Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MARTIN Fields, Fredericktown, 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) Coronary artery disease, angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary condition — 2 years
DUE TO (c) ~~arteriosclerosis~~

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* years ago, *to* March 13, 1952 *that I last saw the deceased alive on* March 13, 1952, *and that death occurred at* 1:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S C Slaughter (Degree or title) MD
23b. ADDRESS: 135 W Main Fredericktown
23c. DATE SIGNED: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-16-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pisgah Cemetery
24d. LOCATION (City, town, or county) (State): Madison County Mo.

DATE REC'D BY LOCAL REG.: 4-8-52
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sam Sayin Jr., Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY DEPT.
FREDERICKTOWN, MO.
RECEIVED
APR 18 1952
RECEIVED

FILE No. 452-19

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~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed William B. O'Connor

Signed .....
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown, 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.