

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19086**

LED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4456** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY St. Clair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City, Mo. | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) Appleton City, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Elliott Memorial Hosp. | | | |

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|--|------------------------|------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) Nora | a. (First) Nora | b. (Middle) May | c. (Last) Francis | 4. DATE OF DEATH (Month) (Day) (Year) May 15 1953 |
|--|------------------------|------------------------|--------------------------|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|-----------------------|-----------------------|---------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 2 - 1885 | 9. AGE (In years last birthday) 68 | # UNDER 1 YEAR Months | # UNDER 24 HRS. Hours | # UNDER 5 MIN. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|-----------------------|-----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | 11. BIRTHPLACE (State or foreign country) St. Clair Co. O. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Jasper Masterson | 13b. MOTHER'S MAIDEN NAME Hattie Arlinson | 14. NAME OF HUSBAND OR WIFE Taylor K. Francis |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Taylor Francis | ADDRESS Appleton City, Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Polycystic Kidneys | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION H201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|---|--|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 **July**, 19**52**, to **May**, 19**53**, that I last saw the deceased alive on **16 May**, 19**53**, and that death occurred at **4:20 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) R. A. Dickman, M.D. | 23b. ADDRESS Appleton City, Mo. | 23c. DATE SIGNED 5/16/53 |
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|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 17 1953 | 24c. NAME OF CEMETERY OR CREMATORY Appleton City, Mo. | 24d. LOCATION (City, town, or county) (State) Appleton City, St. Clair Co. |
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| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE Chyde A. Bridges | 25. FUNERAL DIRECTOR'S SIGNATURE Frank Lee | ADDRESS Appleton City, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

J. A. Sansant

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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.