

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18093

State File No. _____

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>374</u>
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Poplar Bluff</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Assembly of God Nursing Home</u>		e. STREET ADDRESS (If rural, give location) _____ <u>012 1/2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kittie</u> b. (Middle) _____ c. (Last) <u>Francis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct, 13 1879</u>	9. AGE (In years, last birthday) <u>74</u> if UNDER 1 YEAR Months _____ Days _____ if UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Harry Francis Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give part or dates of service) _____		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Neal Parma Mo;</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spastic paralysis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia senilis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 yrs</u> <u>2 mo</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Death</u>		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) _____		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 <u>15 Aug 19 54 to 16 Jun 1954</u> , that I last saw the deceased alive on <u>14 Jun 1954</u> and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Chas. A. Post M.D.</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>26 June 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 18 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Parma Mo;</u>
DATE REC'D BY LOCAL REG. <u>6/29/54</u>		REGISTRAR'S SIGNATURE <u>R. H. Nix</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waltham Funeral Home Parma Mo;</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 6 - 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signed *Walter Marsh Watkins* _____

Licensed Embalmer No. *4717* _____

P. O. Address *Derby 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.