

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27975

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>437</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jasper</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John's Hospital</b>		c. LENGTH OF STAY (If this place) <b>4 Weeks</b>		c. CITY OR TOWN <b>Joplin</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>403 North Sergeant Ave.,</b>		c. (Last) <b>Miller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 1, 1954</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Francis</b>		b. (Middle) <b>Leon</b>		c. (Last)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar 6, 1903</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner, Modern Recreation</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bowling</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Coffeyville, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>John D. Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Cloud</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>511-10-0926</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Virginia Miller, 403 N. Sergt, Joplin,</b>			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of liver</b>				<b>18 mos</b>	
		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. <b>Urteral Calculi (lt)</b>				<b>1 mo.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5810</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <b>HOMICIDE</b>		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>Aug, 1953</u> , to <u>Sept. 1, 1954</u> , that I last saw the deceased alive on <u>Sept 1, 1954</u> and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. K. Welman M.D.</b>				23b. ADDRESS <b>717 Frisco Bldg Joplin</b>		23c. DATE SIGNED <b>9/13/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Sept 3, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Coffeyville, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>9-9-54</b>		REGISTRAR'S SIGNATURE <b>Ed D. Garner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon</b>		ADDRESS <b>Joplin, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1955 FEB 9 - 6 834

RECEIVED SEP 13 1955  
Jasper County Health Office  
County File Number 54-9-7  
Date Filed SEP 13 1955

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 *David Bellon* .....

Licensed Embalmer No. *389*

P. O. Address *Joplin, 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.