

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37996

State File No.

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5753 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-St. Francois</u>	
c. LENGTH OF STAY (In this place) <u>65 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1, Fredericktown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rt. #1, Fredericktown</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Gray</u> c. (Last) <u>Francis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 25, 1889</u>			9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Francis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Pruett</u>		14. NAME OF HUSBAND OR WIFE <u>Parthina Francis</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>498-12-9347</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Parthina Francis</u> ADDRESS <u>Fredericktown, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				<u>INSTANT</u>	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Aug 28, 1954, to Dec. 3, 1954, that I last saw the deceased alive on Nov 3, 1954, and that death occurred at 6 A. M., from the causes and on the date stated above.

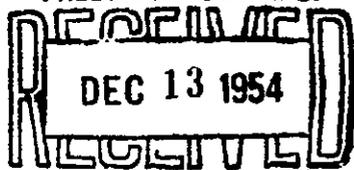
23a. SIGNATURE (Degree or title) <u>Geo. W. Johnson D.O.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>Nov. 6, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/5/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Vine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 6-1954</u>		REGISTRAR'S SIGNATURE <u>Therence Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u> ADDRESS <u>Fredericktown, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 17,574-70

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 Charles McClary

Licensed Embalmer No. 4852

P. O. Address Fredericktown

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.