

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5484</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY OR TOWN <u>Rural Butler Twp</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 mile S.W. of Bethany</u>				e. STREET ADDRESS (If rural, give location) <u>Butler Twp 13 mi. S.W. Bethany</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Antone</u>			b. (Middle) _____		c. (Last) <u>Francisco</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-55</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>3-15-1878</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 60 HRS. Hours _____ Min. _____
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>William A Francisco</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Ward</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Francisco</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Francisco</u> ADDRESS <u>Bethany 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>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>  <u>5 yrs.</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) _____		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>10-2</u> , 19 <u>52</u> , to <u>2-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-12</u> , 19 <u>55</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Proyer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED <u>2-12-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonburg Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-14-55</u>		REGISTRAR'S SIGNATURE <u>Zola Burns</u> <u>116-00</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MBH</u> ADDRESS <u>Bethany Mo.</u>				

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

FEB 23 1958

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..... *[Handwritten Signature]*

Licensed Embalmer No. *389*

P. O. Address *Bethany*

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.