

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5644

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Risco		c. LENGTH OF STAY (In this place) 17 Yrs		c. CITY OR TOWN Risco	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Risco		e. STREET ADDRESS (If rural, give location) Risco		0720	
3. NAME OF DECEASED (Type or Print) Francis Benso McAnally			4. DATE OF DEATH (Month) (Day) (Year) February 6, 1955		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 23, 1898	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Crenshaw, Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jesse P. McAnally		13b. MOTHER'S MAIDEN NAME Anna Lee Tiner	
14. NAME OF HUSBAND OR WIFE Elma Metzger McAnally		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) Yes AFTER WWI		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elma McAnally		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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DEGENERATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA PROSTATE</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH WEEKS MONTHS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 177X	
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 <u>12-15-54</u> , 19 <u>54</u> , to <u>2-6-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-6-55</u> , 19 <u>55</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. S. Smith</u>		23b. ADDRESS <u>PARMA-MO</u>		23c. DATE SIGNED <u>2-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 8, 1955		24c. NAME OF CEMETERY OR CREMATORY <u>Malden cemetery</u>	
24d. LOCATION (City, town, or county). (State) Malden Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Smith</u>		ADDRESS Funeral Home C'ville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 23 1955

MAR 8 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 *W. Denver Aike*

Licensed Embalmer No. *448*

P. O. Address *Caruthers*

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.