No. 300
10.48

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

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14997

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
d. STREET ADDRESS (If rural, give location): 308n Adams St.

0267

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Elmer
c. (Last): Francis

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 18-1880
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months: 4 Days: 28
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cabnet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and State or Foreign Country): Vermillon Illinios
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Francis Sr.
13b. MOTHER'S MAIDEN NAME: Mivera Hill
14. NAME OF HUSBAND OR WIFE: Maudie Francis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 309-09-8083A
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Mrs James Vaughn Eugene, Mo.
ADDRESS:

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarct, left — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
Pulmonary emboli.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture 3, 4, 5, 6, 7, 8, ribs, rt. T clavicle, rt. — 16 Days
DUE TO (c) Contusion rt. chest

II. OTHER SIGNIFICANT CONDITIONS. Partial obstruction sigmoid colon, due diverticulosis — 16 days
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E9000 21
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 308 Adams
21c. (CITY, TOWN, OR TOWNSHIP) 121 (COUNTY) (STATE): Jefferson City Cole MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-1-55 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell down stairs

22. *I hereby certify that I attended the deceased from* 5-2- 19 55, *to* 5-16-, 19 55, *that I last saw the deceased alive on* 5-16-, 19 55, *and that death occurred at* 10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Kendall A. Clark, M.D. (Degree or title)
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 5/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1955
24c. NAME OF CEMETERY OR CREMATORY: Hickory Hill Cemetery
24d. LOCATION (City, town, or county) (State): Hickory, Mo.

DATE REC'D BY LOCAL REG.: May 18-1955
REGISTRAR'S SIGNATURE: R. P. Dorris MD
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher
ADDRESS: Jefferson City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.