

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16627**
Registrar's No. **4039**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **ST. FRANCOIS**

b. CITY OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **25 Hours**

c. CITY OR TOWN **ELVINS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **LUTHERAN HOSPITAL**

f. STREET ADDRESS (If rural, give location) **RURAL RANDOLPH**

3. NAME OF DECEASED a. (First) **CHARLES** b. (Middle) **WESLEY** c. (Last) **FRANCE** 4. DATE OF DEATH (Month) (Day) (Year) **MAY 5, 1955**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **JULY 9, 1905** 9. AGE (In years last birthday) (Months) (Days) **49**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MINER** 10b. KIND OF BUSINESS OR INDUSTRY **LEAD MINING** 11. BIRTHPLACE (City and State or Foreign Country) **WALNUT RIDGE ARK.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN FRANCE** 13b. MOTHER'S MAIDEN NAME **ELLEN MINKER** 14. NAME OF HUSBAND OR WIFE **CLARA FRANCE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **CLARA FRANCE ELVINS, MO. RES. #1** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Memoria, Renal Failure**
ANTECEDENT CAUSES **Renal Calculi**
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.

INTERVAL BETWEEN ONSET AND DEATH
3 days
Syno?

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Cystitis - revealed stones** 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **602X**

22. I hereby certify that I attended the deceased from **5-3-55**, to **5-5-55**, that I last saw the deceased alive on **5-4-55**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank G. Zingale M.D.** 23b. ADDRESS **16 Hampton Village** 23c. DATE SIGNED **5/5/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **5/7/55** 24c. NAME OF CEMETERY OR CREMATORY **PARKVIEW CEMETERY** 24d. LOCATION (City, town, or county) (State) **FARMINGTON, MISSOURI**

DATE REC'D BY LOCAL REG. **MAY 6 1955** REGISTRAR'S SIGNATURE **Charles Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **BERT L. BOYER LEADWOOD, MO.** ADDRESS _____

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

FEB 21 1956

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 *William E. Boyer*

Licensed Embalmer No. *470*
P. O. Address *Leedwood*

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.