

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1956

State File No. 22502

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 102	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. LENGTH OF STAY (in this place) <b>16 yrs.</b>		c. CITY OR TOWN <b>Sikeston</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>203 Fuchs St.</b>				e. STREET ADDRESS (If rural, give location) <b>203 Fuchs St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ed</b> b. (Middle) <b>-</b> c. (Last) <b>DeFrance</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 10, 1891</b>	
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>8</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Natchez, Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Frank DeFrance</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Marietta DeFrance</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marietta DeFrance, 203 Fuchs, Sikeston, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Sclerosis</b> <b>arterio-</b> ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of prostate</b> DUE TO (c) <b>Amuria</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>  <b>unknown</b> <b>?</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>177x</b>					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) (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 <b>6-13, 1956</b> to <b>6-13, 1956</b> that I last saw the deceased alive on <b>6-13, 1956</b> and that death occurred at <b>2:00 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Sharon C. M. O'Connell</b>				23b. ADDRESS <b>Sikeston, Mo.</b>		23c. DATE SIGNED <b>6-21-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 22, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Addition Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sikeston, Missouri</b>		
DATE REC'D BY LOCAL RES. <b>6-22-56</b>		REGISTRAR'S SIGNATURE <b>Miss. C. Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. F. J. Sparks</b>		ADDRESS <b>Sikeston, Mo.</b>	

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

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DATE RECEIVED JUN 25 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 6570-144

JUL 2 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 *Travis Shelby Jr.*

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.