

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23063**

FILED JUL 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CASS</b>	
b. CITY OR TOWN <b>HARRISONVILLE</b>		c. CITY OR TOWN <b>Freeman</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>10 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>3 MILE EAST OF FREEMAN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGIE</b> b. (Middle) <b>ANN</b> c. (Last) <b>FRANSE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 12 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Feb. 4, 1924</b>		9. AGE (In years last birthday) <b>32</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>WEST LINE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>WILLIAM J. PRETTYMAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY RANKER</b>		14. NAME OF HUSBAND OR WIFE <b>E.L. FRANSE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>MISPLACED</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E.L. FRANSE FREEMAN, MISSOURI</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive hepatic hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Toxemia</b> DUE TO (c) <b>hepato-renal Syndrome</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cholelithiasis</b>		
19a. DATE OF OPERATION <b>7-12-56</b>		19b. MAJOR FINDINGS OF OPERATION 1. <b>hepatic hemorrhage</b> 2. <b>Paralytic Rt. Kidney due to chronic nephritis</b>		20. AUTOPSY <b>today</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., 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 \_\_\_\_\_, 19**50**, to **7-12-**, 19**56**, that I last saw the deceased alive on **7-12-56**, 19\_\_\_\_, and that death occurred at **4 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward S. Jones</b>		23b. ADDRESS <b>Harrisonville, Mo</b>		23c. DATE SIGNED <b>7-23-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7/14/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FREEMAN Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>FREEMAN, MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>July 13, 1956</b>	REGISTRAR'S SIGNATURE <b>Dora Barnard</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Adkinson Bros. Harrisonville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

VS JUN 1 1960

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**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 *Robert W. Atkinson*.....

Licensed Embalmer No. *4902*.....

P. O. Address *Harrisonville*.....

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.