

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40408

STATE FILE NUMBER

FILED NOV 28 1956

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Breton</b>		c. CITY OR TOWN <b>Potosi</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 mi. E. Potosi</b>		d. STREET ADDRESS (If outside, give location) <b>1 mi. E.</b>	
Length of stay in lb <b>13 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>FRANCES ELIZABETH HART</b>			4. DATE OF DEATH <b>November 20, 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>Oct. 15, 1886</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Centerville, Mo.</b>	
13. FATHER'S NAME <b>Isaac Fillmore</b>			14. MOTHER'S MAIDEN NAME <b>Laura Key</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.		17. INFORMANT <b>Lucille Boyet; Mineral Point, Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unknown</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Death believed due to natural cause; investigation reveals probably a stroke; was treated for high blood pressure several years ago.</b> DUE TO (c) <b>treated for high blood pressure several years ago.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
<b>Patient found on floor by companion; coroner called. 334X</b>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>7:30 AM</b> a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **No physician** to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **7:30 AM** m on the day stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Herbert Rudall Local Registrar</b>		22b. ADDRESS <b>912 Richeson Rd. Potosi, Mo.</b>		22c. DATE SIGNED <b>11/27/56</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/23/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Centerville</b>		23d. LOCATION (City, town, or county) (State) <b>Centerville Mo.</b>	
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24. FUNERAL DIRECTOR ADDRESS <b>Mrs. Lillian Spades Potosi, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11/27/56</b>		26. REGISTRAR'S SIGNATURE <b>Herbert Rudall</b>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to death due to nonfatal causes.

**RECEIVED**

NOV 27 1956

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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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  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4

P. O. Address. Flat

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.