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 FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44370
 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3109

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bellefontaine Neighbors</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Warson Woods Village</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clearview Nursing Home</u> Length of stay in 1b <u>3 yrs. 5 mo.</u>		d. STREET ADDRESS (If outside, give location) <u>1495 Forest View Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Frances</u> Middle <u>Lyda</u> Last <u>Mantiply</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 2, 1880</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>Louisiana, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>James O. Stark</u>	
14. MOTHER'S MAIDEN NAME <u>Unk.</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT Address <u>Records of Clearview Home</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u> DUE TO (b) <u>Fracture of R. hip</u> DUE TO (c) <u>Cardio-vascular-renal disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 weeks</u> <u>3 1/2 yrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>slipped and fell down steps</u>		20c. TIME OF INJURY Hour <u>12</u> Month, Day, Year <u>p.m. 11-11-56</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <u>Nursing Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Bellefontaine</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>		21. I attended the deceased from <u>June 27, '53</u> to <u>Dec. 27, '56</u> and last saw her alive on <u>Dec. 27, '56</u> Death occurred at <u>12:15 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Sondley M. Ellersich M.D.</u>		22b. ADDRESS <u>10695 Bellefontaine Rd.</u>	
22c. DATE SIGNED <u>12-31-56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>Jan. 2, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Clarksville Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Clarksville, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons, 6175 Delmar</u>	
25. DATE RECD. BY LOCAL REG. <u>12-31-56</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombek</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 *JOSE MC CULLOR*.....

Licensed Embalmer No. *24*.....

P. O. Address *6158*.....

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.