

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037376
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 146

~~FILED OCT 22 1958~~

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		Length of stay in lb <u>10 years</u>	
		882 ^d / STREET ADDRESS <u>321 N. Seventh</u>	
		(If outside, give location)	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>RENA</u> Middle <u>FRANCIS</u> Last <u>FRANCIS</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>9</u> Year <u>1958</u>			
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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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 1 1888</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>None</u>	11. BIRTHPLACE (City and state or country) <u>Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Hardie</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Garner</u>	14. NAME OF HUSBAND OR WIFE <u>John Francis</u>
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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>No.</u>	17. INFORMANT <u>Jessie Francis</u>	Address <u>Louisiana Mo.</u>
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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>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>acute congestive heart failure</u>	<u>3 days</u>
	DUE TO (c) <u>acute pyelonephritis</u>	<u>6000</u> <u>6 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>essential hypertension</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>
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20d. INJURY OCCURRED WHILE AT <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 <u>LOUISIANA</u> STATE <u>MO.</u>
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21. I attended the deceased from 1954 to 10/8/58 and last saw her alive on 10/2/58
Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John W. Middleton M.D.</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Louisiana</u>	22c. DATE SIGNED <u>10/10/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct. 11, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana Mo.</u>
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24. FUNERAL DIRECTOR <u>Bernice Dunbar</u>	ADDRESS <u>Louisiana Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 14 1958</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Corliss</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J.B. Stone*

Licensed Embalmer No. *4039*

P. O. Address *Louisiana*

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.