

Health,
& Welfare
Public
Service
090

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038849

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 30

Primary Registration District No. 5102

Registrar's No. 33

300
1-57

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DELL		c. CITY OR TOWN DELL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (Fristoe township)		Length of stay in lb 6 years	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES LUCINDA AUSTIN		4. DATE OF DEATH Month Day Year NOV 15 1958	
5. SEX 1 FEMALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Custodian Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and state or country) Richmond, Mo
13a. FATHER'S NAME William Markus Kenfro		13b. MOTHER'S MAIDEN NAME Mary Sloan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-10-5459	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral infarction (embolic)		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Valvular heart disease		1+ years	
DUE TO (c) Rheumatic (heart disease) fever		unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 44X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Sept. 1958 to Nov. 13, 1958 and last saw her alive on Nov. 13, 1958 Death occurred at Nov. 15, 1958 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Snodgrass, M.D. (Degree or title)		22b. ADDRESS Warsaw, Mo.	
		22c. DATE SIGNED 11/18/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 18, 1958	
23c. NAME OF CEMETERY OR CREMATORY Bates City Cemetery		23d. LOCATION (City, town, or county) (State) Bates City Lafayette Co., Mo	
24. FUNERAL DIRECTOR John F. Reese ADDRESS Warsaw		25. DATE RECD. BY LOCAL REG. Nov. 18 1958	
		26. REGISTRAR'S SIGNATURE John A. Logan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAR 26 1959

DEC 18 1958

MAY 27 1963

JUN 4 1963

MAR 20 1962

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 *John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.