

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002475

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4471 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Waynesville		c. CITY OR TOWN Waynesville, 6850	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) Box 254	
Length of stay in lb 4 days		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Francis Joseph Workman		4. DATE OF DEATH Month Day Year 1 2 1959	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☐	8. DATE OF BIRTH Jan. 29, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Walter Workman		13b. MOTHER'S MAIDEN NAME Eleanor L. Cartan	
14. NAME OF HUSBAND OR WIFE Mrs. Virginia M. Lessmann, Florissant, Mo.			
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.	
17. INFORMANT Address Mrs. Virginia M. Lessmann, Florissant, Mo.			
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 anoxemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastatic carcinoma of brain DUE TO (c) primary bronchogenic carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621			INTERVAL BETWEEN ONSET AND DEATH 7 day 8 mos. 2 yrs.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ C			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 1955 to 1959 and last saw him alive on 1-2-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. E. Nicks (Degree of title)		22b. ADDRESS Waynesville, Missouri	
22c. DATE SIGNED 1-2-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-5-1959	
23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) (State) Florissant, Missouri	
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson 21, Mo.		25. DATE RECD. BY LOCAL REG. 1-5-59	
26. REGISTRAR'S SIGNATURE C. A. [Signature]			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

All diseases in Part I must be causally related.

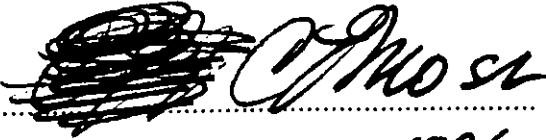
JAN 12 1959

6561 7 7087

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 

Licensed Embalmer No. 4896
P. O. Address Weymouth, Mass.

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.