URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 188

59-039279
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRAND RIVER TWP — Length of stay in 1b: 4Hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles W. HARRISONVille — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CASS
c. CITY OR TOWN FREEMAN — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 1/2 miles S.E. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First E.L. Middle — Last FRANSE
4. DATE OF DEATH: Month NOV Day 29 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-20-1899
9. AGE (last birthday): 40
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and state or country): FREEMAN, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: EDGAR FRANSE
13b. MOTHER'S MAIDEN NAME: Helen Mae Cummins
14. NAME OF HUSBAND OR WIFE: Margie Prettyman FRANSE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 494-16-4482
17. INFORMANT: EDGAR FRANSE Address: HARRISONVille, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 Oct 1950, to 11-29-59 and last saw her/him alive on 5-15-59.
Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward S. Jones MD (Degree or title)
22b. ADDRESS Harrisonville, Mo
22c. DATE SIGNED 12-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-2-1959
23c. NAME OF CEMETERY OR CREMATORY: FREEMAN Cemetery
23d. LOCATION (City, town, or county) (State): FREEMAN, MISSOURI

24. FUNERAL DIRECTOR: ATKINSON-DICKEY ADDRESS: HARRISONVille, Mo.
25. DATE REC'D BY LOCAL REG.: 12-1-59
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US JAN 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Hawsonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.