MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961 — Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 28 — STATE FILE NUMBER 61-001363

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 55 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARY'S HOSPITAL — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 309 BRUSH CREEK BLVD. — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: Pearl — Middle: M. — Last: Francis
4. DATE OF DEATH: Month: JANUARY — Day: 2 — Year: 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 9/20/73
9. AGE (last birthday): 87 — 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)
10b. KIND OF BUSINESS OR INDUSTRY: NELLIE DON, INC
11. BIRTHPLACE (City and state or country): VERNON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: WALTER G. FRANCIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT: MISS MILDRED FRANCIS — Address: 309 BRUSH CREEK KANSAS CITY, 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): Cerbeval Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart Failure - Bronchopneumonia — 14 days
DUE TO (c): Arteriosclerosis Generalized — Years
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

MEDICAL CERTIFICATION

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 12-19-60, to 1-2-61 and last saw her alive on 1-2-61
Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Emery R. Calovich (Degree or title) MD — 22b. ADDRESS: 4620 Nichols — 22c. DATE SIGNED: 1-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 1-4-61 — 23c. NAME OF CEMETERY OR CREMATORY: Memorial Park — 23d. LOCATION (City, town, or county): Kansas City, Mo. (State): MO
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO. — 25. DATE RECD. BY LOCAL REG.: 1-4-61 — 26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Slegne

Licensed Embalmer No 3780

P. O. Address K. C. Mo

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.