ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027994
STATE FILE NUMBER

AMENDED

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 45

FILED AUG 10 1961

1. PLACE OF DEATH
a. COUNTY Scotland County, Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cantril, Iowa — Length of stay in 1b: Entire Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scotland
c. CITY OR TOWN Cantril, Iowa — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Francis N. Day
4. DATE OF DEATH Month Day Year: August 3, 1961

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/1/1888
9. AGE (last birthday): 73 — 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): Retired Employee of Allied
10b. KIND OF BUSINESS OR INDUSTRY: Mills
11. BIRTHPLACE (City and state or country): Upton, Iowa
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Reuben E. Day
13b. MOTHER'S MAIDEN NAME: Susie L. Walker
14. NAME OF HUSBAND OR WIFE: Bertha Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
17. INFORMANT: Mrs. Sam Coffrin — Address: Cantril, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 15 years
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 1955, to present and last saw her/him alive on August 3, 1961
Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. E. Gilfillan, M.D. E. E. Gilfillan
22b. ADDRESS: Memphis, Missouri
22c. DATE SIGNED: 8/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/6/1961
23c. NAME OF CEMETERY OR CREMATORY: Hickory Grove Cemetery
23d. LOCATION (City, town, or county) (State): Arbela, Missouri

24. FUNERAL DIRECTOR: Guth & Barbett — ADDRESS: Memphis Mo
25. DATE RECD. BY LOCAL REG.: 8-8-1961
26. REGISTRAR'S SIGNATURE: Vera G. Turner

(Licensed Embalmer's Statement on Reverse Side)

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

VS AUG 10 1961

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 myself, Student Embalmer No. 4258 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred Leuth Jr

Licensed Embalmer No. 4258

P. O. Address Memphis

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.