

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031133

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 373 Primary Registration District No. 4545 Registrar's No. 2132

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 5 1963

VS 300
Rev. 4/59

1 1120
2 0397
3 2
4 1
5 2
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7 0
8 2
9 422.1
10
11
12 86-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHFIELD		c. CITY OR TOWN SPRINGFIELD	
Length of stay in 1b 1 WK.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WILSON NURSING HOME		d. STREET ADDRESS (If outside, give location) 735 WEST SCOTT	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last MAGGIE E FRANCIS			4. DATE OF DEATH Month Day Year JULY 23 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-12-1873
9. AGE (last birthday) 89		10. UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME B.F. PYLES		13b. MOTHER'S MAIDEN NAME ELIZABETH HARRIS	
14. NAME OF HUSBAND OR WIFE J.F. FRANCIS, SR., MARSHFIELD		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 J.F. FRANCIS, SR., MARSHFIELD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency DUE TO (b) Atherosclerosis, Generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Year 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 July 18 1963 to July 23 '63 and last saw her alive on July 20, 1963 Death occurred at 3 o'clock A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.R. Macdonald MD		22b. ADDRESS Marshfield, Mo.	
22c. DATE SIGNED 7/23/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-25-1963	23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	23d. LOCATION (City, town, or county) (State) MARSHFIELD MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS. MARSHFIELD.		25. DATE RECD. BY LOCAL REG. 7-26-63	26. REGISTRAR'S SIGNATURE J. Francis.

USE BLACK INK OR TYPEWRITER RIBBON

