

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5877

5877

BIRTH NO. <u>134</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bonne Terre, Mo.</u>		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>410 north Long St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Louis</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Frangie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 13 - 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white - cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 1 - 1881</u>		9. AGE (in years last birthday) <u>68 - 7 - 17</u>	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Beattie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mr. Henry B. Frangie</u>			13b. MOTHER'S MAIDEN NAME <u>Eizabeth Craig</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Elizabeth Woods Frangie</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Elizabeth Woods Frangie 410 N. Long St. Bonne Terre, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>					
		DUE TO (c) <u>unknown</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>592x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1 - 1943</u> , to <u>Feb 13, 1950</u> , that I last saw the deceased alive on <u>Feb 12, 1950</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. R. Evans M.D.</u>			23b. ADDRESS <u>Bonne Terre Mo.</u>			23c. DATE SIGNED <u>2-16-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>February 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Charles Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>near Bonne Terre, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood - 303 Crane St. Florissant Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-306

NOV 25 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.....

Student Embalmer No.

working under my personal supervision.

Signed..... Alvin W. Hood

Licensed Embalmer No. 2780.....

P. O. Address 303 Grove St. Ft. Smith, Mo.

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.