

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. - emmon  
State File No. 30070

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 845

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (If in this place) <b>6 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1028 Hamilton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Francis</b>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1950</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 18 1871</b>			9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Pullman Conductor</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Conductor</b>				11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>George W. Wilt</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah (Unknown)</b>			14. NAME OF HUSBAND OR WIFE <b>X</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Lena Wilt</b>			ADDRESS <b>Springfield, Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>m Carcinoma of pancreas</b>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes for yrs. Duodenal ulcer 2 yrs</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1948, 19    , to 9/24/50, 19    , that I last saw the deceased alive on 9-23, 1950, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>F. B. Johnson - M.D.</b>		(Degree or title)?		23b. ADDRESS <b>Springfield, Mo. 600 Med. Arts Bldg.,</b>		23c. DATE SIGNED <b>9/25/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/27/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Eldorado Springs, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>9-25-50</b>		REGISTRAR'S SIGNATURE <b>W. E. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. Lohmeyer</b>		ADDRESS <b>Springfield, Mo.</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed

*Walter E. Daniels*

Licensed Embalmer No.

*3848*

P. O. Address

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