

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **15640**

No. 300  
10-48

**FILED MAY 28 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **545**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Buchanan</b>	b. STATE <b>Missouri</b>		c. COUNTY <b>Buchanan</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1105 Grand Ave.</b> <b>0</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>BERT</b>	b. (Middle) <b>O.</b>	c. (Last) <b>FRANCIS</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 13 1951</b>
---	---------------------------	--------------------------	-----------------------------	---

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct 11, 1885</b>	<b>9. AGE (In years last birthday)</b> <b>65</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 4 Hrs.</b> Hours _____ Min. _____
------------------------------	---	---	--	---	---	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Bus Operator</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>St. Joseph Lt. &amp; Power Co.</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Harrison County Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
---	---	--	--

<b>13a. FATHER'S NAME</b> <b>Edward E. Francis</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Jane McCray</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Marguerite Francis</b>
---	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>491 10 458</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Marguerite Francis</b>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
---	---	---	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>many yrs</b> <b>2 yrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardio-vascular renal disease (decompensated)</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of liver with ascites</b>		<b>1 - 2 yrs</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>442X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	---	-----------------------------------

**22. I hereby certify that I attended the deceased from 3/12, 1951, to 5/13, 1951, that I last saw the deceased alive on 5/12, 1951, and that death occurred at 2:50 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>G. T. Bloomer, M.D.</b>	<b>23b. ADDRESS</b> <b>1218 N. 31st St. St. Joseph, Mo.</b>	<b>23c. DATE SIGNED</b> <b>5/14/51</b>
---	--	---

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>May 15 1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Mo.</b>
---	--	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>May 21, 1951</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl C. Cusick</b>	<b>446</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Stoney Funeral Home</b>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
--	---	------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1957

11/17/58

**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 \_\_\_\_\_

*John Roy Stover*  
Licensed Embalmer No. 2435

P. O. Address \_\_\_\_\_

*St. Joseph*

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.