S. No. 300
v. 10.48

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

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2479

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 31

1941
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1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNE TERRE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE 0941
d. STREET ADDRESS (If rural, give location): 409 W. JOHNSON

3. NAME OF DECEASED (Type or Print)
a. (First): ARCHIBALD
b. (Middle):
c. (Last): FRANCIS

4. DATE OF DEATH (Month) (Day) (Year): JAN. 24, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 15, 1876
9. AGE (In years last birthday): 75 — If under 1 year: Months 8, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: [redacted]
11. BIRTHPLACE (State or foreign country): BONNE TERRE MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MATTHEW FRANCIS
13b. MOTHER'S MAIDEN NAME: BARBARA C. HOUSE
14. NAME OF HUSBAND OR WIFE: GEORGINE FRANCIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 500-16-7738
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: BARRETT FRANCIS - BONNE TERRE MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with hemiplegia — 12 weeks
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 25, 1951, *to* Jan. 24, 1952, *that I last saw the deceased alive on* Jan. 23, 1952, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin T. Haw, Jr. (Degree or title): M.D.
23b. ADDRESS: Bonne Terre, Mo.
23c. DATE SIGNED: 1/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: BONNE TERRE
24d. LOCATION (City, town, or county) (State): BONNE TERRE MO.

DATE REC'D BY LOCAL REG.: Jan. 26, 1952
REGISTRAR'S SIGNATURE: Esther Rudolph 289-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Richard Funeral Home Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.