

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39499**

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHARLESTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LUTESVILLE	
c. LENGTH OF STAY (in this place) 14 YRS		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 DANFORTH ST.			

3. NAME OF DECEASED (Type or Print) ETTIE ANN FRANCIS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11-1-52
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1-30-1872	9. AGE (In years last birthday) Months Days Hours Min. 80 10 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F.	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) BOLLINGER Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PETER D. EAKER	13b. MOTHER'S MAIDEN NAME MARY FLOYD	14. NAME OF HUSBAND OR WIFE DECEASED
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUBY PANNIER 213 DANFORTH CHARLESTON, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension heart disease DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 448X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 20**, 19**52**, to **Nov. 14**, 19**52**, that I last saw the deceased alive on **Oct 27**, 19**52**, and that death occurred at **9:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Char. Lanning M.D.	23b. ADDRESS Charleston Mo.	23c. DATE SIGNED 11/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-4-52	24c. NAME OF CEMETERY OR CREMATORY BAKER CEM.	24d. LOCATION (City, town, or county), (State) LUTESVILLE MO.
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DATE REC'D BY LOCAL REG. 11-8-52	REGISTRAR'S SIGNATURE Dean Sanchez	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME LUTESVILLE, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 13 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed NOV 14 1952

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 J. C. Gushka

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.