

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9704**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **700**

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

1. PLACE OF DEATH a. COUNTY : Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital		d. STREET ADDRESS (If rural, give location) 502 Madison	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle)	
c. (Last) FRANCIS		4. DATE OF DEATH (Month) (Day) (Year) Mar. 19, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/1/1876
9. AGE (In years) (Months) (Days) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman-Retired	
10b. KIND OF BUSINESS OR INDUSTRY Wab. RR Company		11. BIRTHPLACE (City and State or Foreign Country) Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Francis	
13b. MOTHER'S MAIDEN NAME Farrell		14. NAME OF HUSBAND OR WIFE Catherine Francis	
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.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Francis, Moberly, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Organic Heart Disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500	
19a. DATE OF OPERATION None		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)		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 Feb. 10 , 19 54 , to Mar. 19 , 19 54 , that I last saw the deceased alive on Mar. 19 , 19 54 , and that death occurred at 5:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dwight Anderson DWIGHT ANDERSON		23b. ADDRESS 415 Woodland Avenue	
23c. DATE SIGNED 3/20/54			
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE 3 22-54	
24c. NAME OF CEMETERY OR CREMATORY Mt Olivet		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 3-22-54		REGISTRAR'S SIGNATURE Leah ...	
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son, Moberly, Mo.		ADDRESS	

APR 6

MAR 30 1967

VS
FEB 18 1967

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 *Frank D. DeWitt*

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.