

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

State File No. **28543**

FILED AUG 24 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 30561 Registrar's No. 1070

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pike</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Louisiana</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 week</u>		e. STREET ADDRESS (If rural, give location) <u>615 Virginia St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>EIVIE</u> c. (Last) <u>FRANCIS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>AUG. 10, 1954</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>March 28, 1882</u>		<b>9. AGE</b> (In years last birthday) <u>72</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>LABORER</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Illinois</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>					

<b>13a. FATHER'S NAME</b> <u>Joseph Francis</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Katherine Rayley</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Reanie Francis</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>492-24-2552</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. John Francis, Louisiana, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		II. OTHER SIGNIFICANT CONDITIONS			<u>4 days</u>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>probable cancer of colon</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</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) (Min.)		<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 8/3, 1954, to 8/10, 1954, that I last saw the deceased alive on 8/10, 1954, and that death occurred at 2:35 Am., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>John P. Middlebrooks M.D.</u>		<b>23b. ADDRESS</b> <u>Louisiana</u>		<b>23c. DATE SIGNED</b> <u>8/12/54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>8/14/54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Riverview Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Louisiana MO.</u>					

<b>DATE REC'D BY LOCAL REG.</b> <u>Aug 20 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Bernice Collier</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Sterne Funeral Home, Louisiana, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *Virginia M. Stearns*.....

Licensed Embalmer No...4643

P. O. Address *Louisiana*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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