

FILED AUG. 15 1956

STANDARD CERTIFICATE OF DEATH

23262

STATE FILE NUMBER

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 112

1. PLACE OF DEATH COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209 South Jackson			Length of stay in 1b 1 Year		d. STREET ADDRESS 209 South Jackson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Francis First Owen Last Middle				4. DATE OF DEATH July 22 1956 Month Day Year					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 15-1896		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 6 Days 7 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk			10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Fayette Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Ed Oneal				14. MOTHER'S MAIDEN NAME Jessie McCausland					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No. XX		16. SOCIAL SECURITY NO. 492-32-4051		17. INFORMANT W.C. McHaney		Address Kennett Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure							INTERVAL BETWEEN ONSET AND DEATH 1 year		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4341							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			_____						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____	
21-1 attended the deceased from July 1-1956 to July 22-56 and last saw her 7-18-56 Death occurred at 11 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Paul Balaban (Degree or title) M.D.				22b. ADDRESS Kennett Mo.		22c. DATE SIGNED 7-24-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-26-56	23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery		23d. LOCATION (City, town, or county) (State) 10180 Gravois St. Louis Mo				
24. FUNERAL DIRECTOR Lentz Service			ADDRESS Kennett Mo.		25. DATE RECD. BY LOCAL REG. July 25, 1956		26. REGISTRAR'S SIGNATURE Carl Huskard		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public Service300
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

70-0

RECEIVED DUNKLIN COUNTY

DEPARTMENT 8-13

COUNTY FILE NUMBER 852

APR 26 1924

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 *Edgar Lee Starnes*

Licensed Embalmer No. 443

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.