Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31372
STATE FILE NUMBER

FILED SEP 26 1956

Registration District No. 806 Primary Registration District No. 3042 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 514 Albert — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN Fredericktown — Inside Limits Yes X No ☐
d. STREET ADDRESS 514 Albert (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Leo, Middle Harry, Last Francis

4. DATE OF DEATH: Month Sept., Day 11, Year 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-8-1919

9. AGE (In years last birthday): 37

IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lead Miner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Madison County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roy N. Francis

14. MOTHER'S MAIDEN NAME: Lilliam Edens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II.

16. SOCIAL SECURITY NO.: 491-18-4950

17. INFORMANT: Mrs Esther M. Francis, Address: Fredericktown, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sclerodema, General Diffuse — INTERVAL BETWEEN ONSET AND DEATH: 18 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) XXX
DUE TO (c) 710.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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. I attended the deceased from at various times from April 1955 and last saw him alive on 9/11/56
Death occurred at 11 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C Slaughter (Degree or title) M.D.

22b. ADDRESS: 135 W. Main Fredericktown

22c. DATE SIGNED: 9/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9 - 13-56

23c. NAME OF CEMETERY OR CREMATORY: Marcus Memorial Park

23d. LOCATION (City, town, or county) (State): Fredericktown, Missouri

24. FUNERAL DIRECTOR: Najim Funeral Home- ADDRESS: Fredericktown, Mo

25. DATE RECD. BY LOCAL REG.: 9-18-1956

26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

187-0

This man went to Various Doctors and Specialist from April 1955 to date of death. In Desloge and St. Marys Hospitals for several weeks on two or three different occasions.

L C Slaughter MD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
SEP 24 1956
FILE No. 276-43

OCT 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Laurence O. Gerling

Licensed Embalmer No. 49

P. O. Address Fredericktown

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