

FILED MAR 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3850**

BIRTH NO.		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>213</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		1039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>611 N. Elm St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) <b>Alfred</b>		c. (Last) <b>Francis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 4, 1957</b>
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 4, 1886</b>		9. AGE (In years last birthday) <b>71</b>	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) <b>Cafe operator (Ret)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Cafe business</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dexter, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Prints Francis</b>			13b. MOTHER'S MAIDEN NAME <b>Mary E. Barbee</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Francis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		18. SOCIAL SECURITY NO. <b>XXXXXX 499-26-0322</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carrie Francis, Dexter, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b> DUE TO (c) <b>Cirrhosis of Liver</b>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>  <b>years</b>  <b>years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5810</b>					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) <b>5810</b>			
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 <b>3/2, 1957</b> , to <b>3/4, 1957</b> , that I last saw the deceased alive on <b>3/4, 1957</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. Comeau</b>				23b. ADDRESS <b>M. R. 20. N. Walnut Dexter</b>		23c. DATE SIGNED <b>3/5/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3-6-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter, cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>3/8/57</b>		REGISTRAR'S SIGNATURE <b>R. A. Muehle</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins &amp; Sons, Dexter, Mo.</b>			

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

498

RECEIVED  
MAR 11 1957  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.