

Health,
& Welfare
Public
Service

S. 300
Y. 1-56

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. Caroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9803

STATE FILE NUMBER

FILED MAR 19 1957

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 88

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perry Twp</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Francois</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farmington R.2</u>		Length of stay in lb <u>17 Months</u>		c. CITY OR TOWN <u>Route #2 Farmington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Frances</u>		Middle <u>Ann</u>		Last <u>Albert</u>		Month <u>March</u> Day <u>10</u> Year <u>1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 14, 1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>85</u>		11. BIRTHPLACE (City and state or country) <u>St. Francois Co. Mo</u>	
13. FATHER'S NAME <u>John Conway</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Brent</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Willard Walker, Farmington, Rt. 2 Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tuberculous meningitis</u> <u>arteriosclerosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Chronic anemia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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 <u>g. m. p. m.</u>		20d. 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 <u>June 56</u> to <u>3-9-57</u> and last saw her alive on <u>3-9-57</u>		Death occurred at <u>2:40 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W. L. Desloge Mo.</u>			
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED <u>3-11-57</u>		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3/12/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Russell Chaple Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>	
24. FUNERAL DIRECTOR <u>Boyer & Son</u>		ADDRESS <u>Desloge, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

289-0

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 *C. Z. Boyer*

Licensed Embalmer No. *167*

P. O. Address *Desloge*

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.