

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020682
State File No.

FILED MAY 27 1958

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deerfield</u>	
c. LENGTH OF STAY (in this place) <u>15 das</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tate Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Marion</u> c. (Last) <u>Francis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Nov. 22, 1877</u>		9. AGE (In years last birthday) <u>80</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agricultural</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana State</u>	

13a. FATHER'S NAME <u>Charles Francis</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Rebecca Green</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtie Francis</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alva M. Francis, Independence, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Subsiding acute Cholecystitis</u> DUE TO (c) <u>Terminal bronchial pneumonia.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> <u>1 month</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>585X</u>			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)	
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 Apr. 7, 1958, to May 15, 1958, that I last saw the deceased alive on May 10, 1958, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased's title) <u>R. B. Wray, M. D.</u>		23b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>		23c. DATE SIGNED <u>5/19/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerfield Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Deerfield, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>5-20-1958</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Konantz Funeral Home - Ft. Scott, Ks.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *M. E. Kanady*
Licensed Embalmer No. 2020

Lock Box 283 P. O. Address St. Paul, 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.