Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035611
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 4-3 Primary Registration District No. 3007 Registrar's No. 666

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Neelyville — Inside Limits Yes [ ] No [X]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp. — Length of stay in Ib	d. STREET ADDRESS 0120 Route (If outside, give location) — Reside on Farm Yes [X] No [ ]

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

4. DATE OF DEATH: Month Oct., Day 19, Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 24, 1912

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Marquand, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Andrew Dowd

13b. MOTHER'S MAIDEN NAME: Hattie Sitze

14. NAME OF HUSBAND OR WIFE: Eugene Glenn Francis

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: Eugene Glenn Francis, Address: Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiovascular Collapse	3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Peritonitis, Suppurating	1 day
DUE TO (c)	Paralytic Ileus .5701	2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 10-12-58, to 10-19-58 and last saw her/him alive on 10-19-58. Death occurred at 2:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D. 0

22b. ADDRESS Poplar Bluff Mo

22c. DATE SIGNED 10-27-58

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

23b. DATE: 10-21-58

23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens

23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR: Frank-Cotrell ADDRESS: Poplar Bluff, Mo.

25. DATE REC'D BY LOCAL REG.: 10/31/58

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.