

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037095

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 206 Primary Registration District No. 5745 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>MADISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>CENTRAL TOWNSHIP</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>FREDERICKTOWN</b> Inside Limits. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <b>5 mi. S.W. of FREDERICKTOWN</b> <b>12 yrs.</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>5 mi. S.W. of CITY</b>	

3. NAME OF DECEASED (Type or print) First <b>ALLEN</b> Middle <b>DORA</b> Last <b>FRANCIS</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>23</b> Year <b>1958</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 20, 1905</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>3</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SAW MILL WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MADISON COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>WILLIAM FRANCIS</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</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>		16. SOCIAL SECURITY NO. <b>357-01-4133</b>		17. INFORMANT <b>MRS. VENA FRANCIS - FREDERICKTOWN, MO.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Emaciation and Debilitation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Uremia</b>			
DUE TO (c) <b>Carcinoma of Kidney</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>180X.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 <b>1:07 P.</b> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>6-28-58</b> to <b>10-23-58</b> and last saw <sup>him</sup> <del>her</del> alive on <b>10-23-58</b> Death occurred at <b>1:07 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Don G. Butts</b>	22b. ADDRESS <b>DP. 2 Fredericktown, Mo.</b>	22c. DATE SIGNED <b>10-24-58</b>

23a. BURIAL, CREMATION, RECOVERY (Specify) <b>BURIAL</b>	23b. DATE <b>10/26/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MARCUS MEMORIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>MADISON COUNTY, MO.</b>
24. FUNERAL DIRECTOR <b>H. Johnson - FREDERICKTOWN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>10-24-1958</b>	26. REGISTRAR'S SIGNATURE <b>Therence Hicks</b>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Dr. Wm. E. Butts  
Dr. Don G. Butts

WILSON COUNTY  
HEALTH DEPARTMENT  
MAY 3 - 1958  
No. 115-8

**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 *Raymond B. Wilson*

Licensed Embalmer No. 48

P. O. Address *Fredonia*

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