

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008342
STATE FILE NUMBER

FILED MAR 18 1959

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 22

300
1-57

| | | | | | |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cassville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Fairview</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cassville Com. Hosp 6 days</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>May</u> Last <u>Francis</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>1959</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>December 27 1872</u> | 9. AGE (In years last birthday) <u>86</u> | 10. IF UNDER 24 HRS. Months <u>2</u> Days <u>10</u> Hours <u>0</u> Min. |
| 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 <u>Housewife</u> | 11. BIRTHPLACE (City and state or country) <u>Purdy, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Byron DeCobb Fly</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Woodard</u> | | 14. NAME OF HUSBAND OR WIFE <u>W. S. Francis (Deceased)</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Earl Francis Nesoho, Mo.</u> <u>1410 Address Pineville Rd.</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>Acute Circulatory Failure</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterial sclerosis</u> | | | | | <u>indef</u> |
| DUE TO (c) <u>Fracture left hip and senility</u> | | | | | <u>904C</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>21</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) <u>Hip fractured at home due to fall Mar 3, 1959</u> | | |
| 20c. TIME OF INJURY Hour <u>12:30</u> a.m. <u>P.M.</u> Month, Day, Year | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 20f. CITY, TOWN, OR LOCATION <u>Fairview, c73</u> | | COUNTY <u>Newton</u> STATE <u>Mo.</u> |
| 21. I attended the deceased from <u>Aug 18, 1958</u> to <u>Mar 8, 1959</u> and last saw her alive on <u>March 8, 1959</u> Death occurred at <u>12:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Ernest Woodell</u> (Degree or title) <u>D.O. 2</u> | | | 22b. ADDRESS <u>Purdy, Mo.</u> | | 22c. DATE SIGNED <u>3/8/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-11-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Moncie Chapel Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Wheaton, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>W. Morris Roque</u> | | ADDRESS <u>Wheaton Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-11-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Mary McDonald, Deputy</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 James Kenneth Duncan Licensed Embalmer No. 4767 P. O. Address Wheaton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.