

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25688**

FILED JUL 25 1953

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Margaret b. (Middle) Clark c. (Last) Francis **4. DATE OF DEATH** (Month) (Day) (Year) July 12, 1953

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** Widowed **8. DATE OF BIRTH** July 29, 1863 **9. AGE** (In years) (Months) (Days) (Hours) (Min.) 89

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** (State or foreign country) Moniteau Co., Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Jas. Kelsav **13b. MOTHER'S MAIDEN NAME** Grace Leslie **14. NAME OF HUSBAND OR WIFE** Oliver Francis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Ray Stephens **ADDRESS** Eldon, Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage **INTERVAL BETWEEN ONSET AND DEATH**

ANTECEDENT CAUSES Arteriosclerosis.

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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)** 331 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Dec 18 1952 **to** July 12, 1953 **that I last saw the deceased alive on** July 11, 1953 **and that death occurred at** 9:45 a.m. **from the causes and on the date stated above.**

23a. SIGNATURE (Signature or title) E. O. Shelton M.D. **23b. ADDRESS** Eldon, Mo. **23c. DATE SIGNED** July 16 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Jul. 16, 1953 **24c. NAME OF CEMETERY OR CREMATORY** Union **24d. LOCATION** (City, town, or county) (State) California, Missouri

DATE REC'D BY LOCAL REG. July 16 '53 **REGISTRAR'S SIGNATURE** Oliveretta Walters **25. FUNERAL DIRECTOR'S SIGNATURE** Louis B. Phillips **ADDRESS** _____

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED

JUL 21 1953

WILLES COUNTY HEALTH
DEPARTMENT

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 _____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.