

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29637

State File No.

FILED SEP 20 1949

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 57

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

3. NAME OF DECEASED a. (First) <u>Isaac</u>		b. (Middle) <u>Frank</u>		c. (Last) <u>Franks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21 1949</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb-6-1874</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>26</u> Hours <u>7</u> Min. <u>2</u>	11. BIRTHPLACE (State or foreign country) <u>Clark Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Clark Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Franks</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Witts</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Leauer</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</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Franks</u>	ADDRESS <u>Kahoka Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ureaemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Kahoka Clark Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 19 1949 to Sept 19 1949, that I last saw the deceased alive on Sept 1 1949, and that death occurred at 2:11 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. McConnell M.D.</u>	23b. ADDRESS <u>Revere Mo</u>	23c. DATE SIGNED <u>Sept 9 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u>
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DATE REC'D BY LOCAL REG <u>9/13-49</u>	REGISTRAR'S SIGNATURE <u>M. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karle</u>	ADDRESS <u>Kahoka Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

23
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RECEIVED

SEP 19 1949

District Health Officer No. 1

Licent File Number 9-49-16

Date Filed SEP 19 1949

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

Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address *Kahoka 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.