

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33353

State File No.

26
24

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 242

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Missouri Cole</u>	b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Jefferson City Mo</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Cole 51</u>
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1302 E Capitol</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 5</u>	d. STREET ADDRESS (If rural, give location) <u>1302 E Capitol 5</u>
3. NAME OF DECEASED (Type or Print) <u>CATHERINE FRANKEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31, 1949</u>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 1, 1879</u>
9. AGE (In years last birthday) <u>70</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. Maassen</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Walterscheidt</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Franken</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Franken</u> ADDRESS <u>J.C. Mo.</u>	
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) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>none</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, 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 <u>o</u>	19b. MAJOR FINDINGS OF OPERATION <u>o</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>15 Sept</u> , 19 <u>47</u> , to <u>31 Oct</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>30 Oct</u> , 19 <u>49</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Stephan, Jr. D.D.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>2 Nov 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter</u>	24d. LOCATION (City, town, or county) (State) <u>J.C. Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov. 2-1949</u>	REGISTRAR'S SIGNATURE <u>R.P. Darris MD - MR. 5</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lybster Dulle</u> ADDRESS <u>J.C. Mo</u>	

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

RECEIVED
NOV 7 1919
District Health Officer No. 97
Circuit File Number

NOV 14 1919

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 *Sylvester Quille*.....

Licensed Embalmer No. *4321*.....

P. O. Address *Jefferson City, 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.