

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33458

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 2423 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Senath Ate Salem</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Arboret, Salem</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Senath Clinic D.O.B.</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>MITCHELL</i>	b. (Middle) <i>ROWE</i>	c. (Last) <i>FRANKS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>10-6-1949</i>
-------------------------------------	----------------------------	-------------------------	-------------------------	--

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>10-10-1927</i>	9. AGE (In years last birthday) <i>21 1/2</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Batesville, Ark.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
--	-----------------------------------	---	--

13a. FATHER'S NAME <i>David J. Franks</i>	13b. MOTHER'S MAIDEN NAME <i>Lilly Bevans</i>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes World War II</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>David J. Franks</i>	ADDRESS <i>Arboret, MO, Box 96</i>
--	-------------------------	--	------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>88 11. 1</i> <i>26</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Killed in Car Accident</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Inquest Pending</i> 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"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>21 -</i>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>10-6-49 6:00 am</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Collected mail, a truck</i>
--	--	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter C. Hawkins</i> (Degree or title) <i>Coroner</i>	23b. ADDRESS <i>Kennett, Mo</i>	23c. DATE SIGNED <i>10-10-49</i>
--	---------------------------------	----------------------------------

23d. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10/1</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
---	-----------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. <i>10-14-49</i>	REGISTRAR'S SIGNATURE <i>Mrs J. H. Lamer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Howard Funeral Service</i> ADDRESS <i>Cardwell, Mo.</i>
--	--	---

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

DEC 14 1949

RECEIVED OCT 17
District Health Office
District File Number 1049
Case File

NOV 7 1949

MAR 1 1951

JUN 12 1952

DEC 15 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.

Signed W. H. Howard

Signed _____
Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Seachville Ark.

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.