

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4415

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Senath</u>	c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Senath</u>	<u>0350</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phelma</u> b. (Middle) <u>Ann</u> c. (Last) <u>FRANKLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 14, 1943</u>	9. AGE (in years last birthday) <u>6</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Chief</u>	11. BIRTHPLACE (State or foreign country) <u>Memphis, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>J. E. Franklin</u>	13b. MOTHER'S MAIDEN NAME <u>Lorraine Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no, or unknown) (If yes, state war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Wilson</u>	ADDRESS <u>Senath, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia, secondary</u>		<u>19 days</u> <u>Feb 11/50</u> <u>16</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>2nd + 3rd degree burns 70% body</u>		
DUE TO (c) <u>gasoline fire</u>			
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Senath Dunklin Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 28 1950 1P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gasoline on dress ignited</u>	<u>035</u>
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22. I hereby certify that I attended the deceased from Jan 28, 1950, to Feb 15, 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 9:14P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Miltenerberger M.D.</u>	23b. ADDRESS <u>Senath, Mo.</u>	23c. DATE SIGNED <u>3-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McGraw Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Senath Mo. Dunklin</u>
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DATE REC'D BY LOCAL REG. <u>3-7-1950</u>	REGISTRAR'S SIGNATURE <u>Paul H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McGraw Funeral Service Inc</u>	ADDRESS <u>Senath, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0350

MAR 13 1950

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 3-9-50  
COUNTY FILE NUMBER 350-81

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 A Mansford  
Licensed Embalmer No. 4466

Signed.....  
Student Embalmer

P. O. Address Smith, 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.