

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39781

State File No. ....

BIRTH NO. .... REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5099 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Twp.</u>	
c. LENGTH OF STAY (In this place) <u>10</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clinton</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Franklin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-28-1866</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry H. Franklin</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel C. Bates</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Mae Franklin</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>yes Spanish A. war</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Mae Franklin</u> ADDRESS <u>Amoret, 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>Hypostatic lobe pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>72 hours</u> <u>3 yrs.</u> <u>10X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		
	DUE TO (c) <u>Diabetes Insipidus</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"/>
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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)
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?

22. I hereby certify that I attended the deceased from Aug. 19, 1943 to Dec 20, 1950, that I last saw the deceased alive on Dec. 20, 1950, and that death occurred at 8 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Schubert D.O.</u> (Degree or title)	23b. ADDRESS <u>Amoret Missouri</u>	23c. DATE SIGNED <u>12-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amoret Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Dec 27 1950</u>	REGISTRAR'S SIGNATURE <u>Fernst Martin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Recher &amp; Mangold</u> ADDRESS <u>Amsterdam Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Health Dept. 12/20

RECEIVED

1/3/51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

1/3/51

JAN 11 1951

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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*L. L. Mangold*

Licensed Embalmer No. 3610

P. O. Address Amsterdam, N.Y.

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.