

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43507**

1640

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

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>8</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CAPE GIRARDEAU</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Mo Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>341 WEST OF DELTA</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>FRANKLIN BENJAMIN</b>		b. (Middle) <b>KILLIAN</b>		c. (Last)	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb 1, 1899</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>29</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 30 1950</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintainer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Highway Dept</b>		11. BIRTHPLACE (State or foreign country) <b>Patton Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Benj Franklin Killian</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Gibbs</b>		14. NAME OF HUSBAND OR WIFE <b>Vivian Johnson Killian</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Vivian Killian</b>		ADDRESS <b>Delta, Mo</b>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca. Pancreas</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>157X</b>					
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)		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 <b>Dec 26, 1950</b> , to <b>Dec 30, 1950</b> , that I last saw the deceased alive on <b>Dec 30, 1950</b> , and that death occurred at <b>5-9</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree of title)				23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>Nov 1/6/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 1, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Morgan Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Adrian Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-8-1951</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Chaffa Mo</b>	

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

JAN 19 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 .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oliver C. Smith* .....

Licensed Embalmer No. *4470*

P. O. Address *Illmo, 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.