

No. 300
10. 48

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34682

State File No.

Registrar's No. 242

BIRTH NO. _____		REG. DIST. NO. 284		PRIMARY REG. DIST. NO. 3056		REGISTRAR'S NO. 242	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give town) Moberly		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) Huntsville		0887	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital				d. STREET ADDRESS (If rural, give location) Water Street			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		b. (Middle) Moore		c. (Last) Franklin		4. DATE OF DEATH (Month) (Day) (Year) October 7, 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12/27/1869	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Oliver Perry Franklin		13b. MOTHER'S MAIDEN NAME Martha Wayland		14. NAME OF HUSBAND OR WIFE Linda Franklin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morley F. Franklin; Hannibal, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Calculi				INTERVAL BETWEEN ONSET AND DEATH 10-15 min ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) (Min)		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 7/2 , 18 47 , to 10/7 , 19 51 , that I last saw the deceased alive on 10/6 , 19 47 , and that death occurred at 3:25 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. M. Esselman, D.O.				23b. ADDRESS Huntsville, Mo.		23c. DATE SIGNED 10/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-9-1951		24c. NAME OF CEMETERY OR CREMATORY Old Hickory Cemetery		24d. LOCATION (City, town, or county) (State) Darksville, Missouri	
DATE REC'D BY LOCAL REG. 10-9-51		REGISTRAR'S SIGNATURE Loel DeLoach, D.O.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville			

Held for Information

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

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Date Received: OCT 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 16-51-1885
Date Filed: OCT 23 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.