

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8180**
Registrar's No. **38**

FILED APR 10 1952

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 212 W. Morrison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Leslie	b. (Middle) B.	c. (Last) Franklin	4. DATE OF DEATH (Month) (Day) (Year) April 5 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/21/1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 8 Days 14	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Howard County Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John W. Franklin	13b. MOTHER'S MAIDEN NAME Laura Dougherty	14. NAME OF HUSBAND OR WIFE Madge E. Crawford
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George W. Franklin	ADDRESS 426 Santa Paula Pasadena Calif.
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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 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. MAJOR FINDINGS OF OPERATION 4343	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 19 1952**, to **April 5, 1952**, that I last saw the deceased alive on **April 5, 1952**, and that death occurred at **11 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Beech M.D.	23b. ADDRESS Fayette, Mo.	23c. DATE SIGNED 4-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/8/1952	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri
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DATE REC'D BY LOCAL REG. 4-7-52	REGISTRAR'S SIGNATURE Mary K. Shell	FUNERAL DIRECTOR'S SIGNATURE Joseph A. Carr	ADDRESS Fayette, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed Ralph A. Carr Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.