

STANDARD CERTIFICATE OF DEATH

State File No. 24007

FILED JUL 24 1952

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage, - Rural		c. LENGTH OF STAY (in this place) 2 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fair Acres Rest Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage: 0490	
		d. STREET ADDRESS (If rural, give location) Fair Acres Rest Home 0	
3. NAME OF DECEASED a. (First) Franklin Cecil		b. (Middle) De Bord	
		c. (Last) De Bord	
4. DATE OF DEATH (Month) (Day) (Year) July 13, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 16, 1861
9. AGE (in years last birthday) 90		10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	
11. BIRTHPLACE (City and State or Foreign Country) Winston, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Isaac De Bord		13b. MOTHER'S MAIDEN NAME Malinda Hayney	
14. NAME OF HUSBAND OR WIFE Mrs Sylvania Blackwell, Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 703-01-1007	
17. INFORMANT'S SIGNATURE OR NAME Mrs Sylvania Blackwell, Fair Acres, Carthage, Mo.		ADDRESS	
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) ARTERIOSCLEROTIC HEART DISEASE 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) _____ DUE TO (c) _____ 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 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-18, 1949, to 7-13, 1952, that I last saw the deceased alive on 7-12, 1952, and that death occurred at 4A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. Douglas, M.D.		23b. ADDRESS Frisco Bldg Joplin	
		23c. DATE SIGNED 7/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-16-1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. 7-15-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary, Joplin, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

Missouri

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

RECEIVED 7-23-52
Jasper County Health Office

County File Number 52/7/580

Date Filed 7-23-52

SEP 4 1957

AUG 29 1957

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 Frederic A. Shonkell

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.