

No. 300 FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35961

State File No. ....

840

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5972</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Flemington</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flemington</u>		0848	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Basil</u>			b. (Middle) <u>Duke</u>		c. (Last) <u>Franklin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-20-52</u>
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Aug-16-1866</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Rock Franklin</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Bridges</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Franklin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Andrews Flemington</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>					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  <u>4222</u>				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 <u>9/15</u> , 19 <u>52</u> , to <u>10/20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/18</u> , 19 <u>52</u> , and that death occurred at <u>2 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. S. Robinson MD</u>				23b. ADDRESS <u>Hannonsville Mo</u>		23c. DATE SIGNED <u>10/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Polk Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Belknap Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula Vaughn</u>		ADDRESS <u>Reson Urbana Mo</u>	

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Allen W. Vaughan.....

Licensed Embalmer No. 4156.....

P. O. Address Urban, Md.....

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.