

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13002

State File No.

Dr. Bartlett
 12-22-52
 BIRTH NO. *C. 29 1952*

REG. DIST. NO. *172* PRIMARY REG. DIST. NO. *1403* Registrar's No. *19*

2780

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

1. PLACE OF DEATH a. COUNTY <i>Deming</i>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Deming</i>	
b. CITY OR TOWN <i>Steele</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Gabler</i> <i>0780</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>0</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Frances</i> b. (Middle) <i>a</i> c. (Last) <i>Franker</i>		4. DATE OF DEATH (Month) <i>11</i> (Day) <i>21</i> (Year) <i>52</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>10-15-1949</i>
9. AGE (In years last birthday) <i>3</i> 1 <i>6</i> 2 <i>0</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Holland Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Birdie Franker</i>	
13b. MOTHER'S MAIDEN NAME <i>Thelma Huber</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Birdie Franker</i>		ADDRESS <i>Gabler Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>D.O.A. Probable acute Toxemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs.</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <i>nephritis</i>		3 weeks	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <i>Polio at age of 3 months.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>081X</i>	
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)		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 <i>9/29</i> <i>1952</i> to <i>10/11</i> , <i>1952</i> , that I last saw the deceased alive on <i>10 Nov.</i> , <i>1952</i> and that death occurred at <i>11 A.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Robert Bartlett D.O.</i>		23b. ADDRESS <i>Steele Mo.</i>	
23c. DATE SIGNED <i>12/18/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-25-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mt Zion</i>		24d. LOCATION (City, town, or county) (State) <i>Steele Mo</i>	
DATE REC'D BY LOCAL REG. <i>12/15</i>		REGISTRAR'S SIGNATURE <i>S. J. W. ...</i> ADDRESS <i>24 C. 1</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Bernon ...</i>		ADDRESS <i>Steele Mo</i>	

12-362-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 17 1952

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.

Student Embalmer No.

Signed

John W. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.