

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43093**

FILED JAN 7 - 1953

BIRTH NO. --- REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **1046**

841

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

1. PLACE OF DEATH a. COUNTY <b>Balivaw Polk</b>		2. USUAL RESIDENCE (Where deceased lived (If institution, residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Balivaw</b>		c. LENGTH OF STAY (In this place) <b>13 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>Balivaw</b>		d. STREET ADDRESS (If rural, give location) <b>419 N. Benton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>419 N. Benton</b>		e. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>Balivaw</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Cousett</b> c. (Last) <b>Franklin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 13 1952</b>		
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5. SEX <b>M</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 29 1860</b>		9. AGE (In years last birthday) <b>92</b>		If UNDER 1 YEAR: Months <b>3</b> Days <b>14</b>		If UNDER 123 Hours <b></b> Min. <b></b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Glasgow Kentucky</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
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13a. FATHER'S NAME <b>P. C. Franklin</b>				13b. MOTHER'S MARRIED NAME <b>James Shuees</b>				14. NAME OF HUSBAND OR WIFE <b>Ratie Franklin</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. E. Franklin</b>				ADDRESS <b>Balivaw</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute intestinal obstruction 10 days</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cause undetermined</b> DUE TO (c) <b></b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>5705</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Dec 1 1952** to **Dec 13 1952**, that I last saw the deceased alive on **Dec 12 1952**, and that death occurred at **12:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Bean</b> (Degree or title)				23b. ADDRESS <b>Balivaw Mo</b>				23c. DATE SIGNED <b>12/14/52</b>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 15/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rondo Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>Rondo, Missouri</b>			
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DATE REC'D BY LOCAL REG. <b>Dec. 31, 1952</b>		REGISTRAR'S SIGNATURE <b>Ralph Gardner</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Green &amp; Blue</b>				ADDRESS <b>Balivaw Mo</b>			
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(Licensed Embalmer's Signature on Reverse Side)

**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 *William P. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Galum, 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.