

STANDARD CERTIFICATE OF DEATH

82828

State File No.

FILED JUN 24 1953

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Poplar Bluff</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Duck Creek</i>	
c. LENGTH OF STAY (in this place)		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Poplar Bluff Hospital</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>George</i>	b. (Middle) <i>James</i>	c. (Last) <i>Franklin</i>	<i>May 30 1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 26 1923</i>		9. AGE (In years last birthday) <i>30</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mingo Wild Life</i>	11. BIRTHPLACE (State or foreign country) <i>Puxico mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Andrew Franklin</i>		13b. MOTHER'S MAIDEN NAME <i>Carrie Fudge</i>		14. NAME OF HUSBAND OR WIFE <i>Eula Franklin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>499-26-3061</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Eula Franklin</i> ADDRESS <i>Puxico mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diabetes Mellitus</i>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbidity 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		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 *5-29* - *1952*, to *5-30*, 1952, that I last saw the deceased alive on *5-30*, 1952, and that death occurred at *12:05 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. H. Hirschman M.D.</i> (Degree or title)		23b. ADDRESS <i>Poplar Bluff, Mo</i>		23c. DATE SIGNED <i>6-5-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 1 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Puxico Mo</i>	
24d. LOCATION (City, town, or county) (State) <i>Puxico Mo</i>		24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <i>R. W. Muehle</i>		24f. ADDRESS <i>Puxico Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
6/22/53
BUTLER CO. HEALTH CENTER

FILE No. _____

MAR 8 1953

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 H. Meyer

Licensed Embalmer No. 4680

P. O. Address Adrian, Mich.

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.