

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20891**
Registrar's No. **233**

FILED JUL 7 - 1953

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. 20891		Registrar's No. 233							
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE mo b. COUNTY Wayne											
b. CITY OR TOWN Fulton		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY OR TOWN Williamsville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp Fulton				e. STREET ADDRESS (If rural, give location) 1110 1											
3. NAME OF DECEASED (Type or Print) ANDY FRANKLIN			a. (First)			b. (Middle)			c. (Last)						
4. DATE OF DEATH July 3 1953			(Month)			(Day)			(Year)						
5. SEX m		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Nov 2 1880		9. AGE (In years, last birthday) 72		IF UNDER 1 YEAR: Days		IF UNDER 24 HRS: Hours		IF UNDER 15 MIN: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Farm				10b. KIND OF BUSINESS OR INDUSTRY Farm				11. BIRTHPLACE (City and State or Foreign Country) Indiana				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Franklin Rose				13b. MOTHER'S MAIDEN NAME Rose Johnson				14. NAME OF HUSBAND OR WIFE Carrie Franklin							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) DK				16. SOCIAL SECURITY NO. no				17. INFORMANT'S SIGNATURE OR NAME Records State Hosp Fulton				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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary TB								INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES											
				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 002X								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)				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 June 1, 1953 , to July 3, 1953 , that I last saw the deceased alive on July 3, 1953 and that death occurred at 10:40 AM , from the causes and on the date stated above.															
23a. SIGNATURE R.P. France				(Degree or title) m d				23b. ADDRESS Fulton mo				23c. DATE SIGNED 7-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE July-5-1953				24c. NAME OF CEMETERY OR CREMATORY Purvis Cem Purvis				24d. LOCATION (City, town, or county) (State) mo			
DATE REC'D BY LOCAL REG. July-3-1953				REGISTRAR'S SIGNATURE Maretha Lawrence				FURNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home				ADDRESS Fulton, mo			

(Licensed Embalmer's Statement on Reverse Side)

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

300
46
13
2

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
Signature of Student Embalmer

Signed *Denzil C. Browning*

Licensed Embalmer No. *2.7.*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.