

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**22244**

State File No. ....

No. 300  
10.48

FILED JUN 22 1953

REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5788 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Deventer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deventer</u> <u>0670</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Residence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IVIE</u> b. (Middle) c. (Last) <u>FRANKLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>April 10, 1877</u>		9. AGE (In years last birthday) <u>76</u> <u>1</u> <u>13</u>		10. IF UNDER 1 YEAR: Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell Co., Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u> <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Unknown</u>	
				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* (a) <u>Cerebral Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs approx</u>
	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. <u>Intentional Fall</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) (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 May 23, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on May 23, 1953, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Charleston, Mo.</u>		23c. DATE SIGNED <u>6/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Princeton, Ky.</u>		24e. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		24f. ADDRESS <u>1970</u>	
DATE REC'D BY LOCAL REG. <u>6-17-53</u>		REGISTRAR'S SIGNATURE <u>Gertrude L. Harper</u>		GENERAL DIRECTOR'S SIGNATURE <u>Wavis Shelby Boatman</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 17 REC'D

REC'D

Miss. Co. Health Dept.

County File No.

Date Filed JUN 19 195

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 *Travis Shelby*  
Licensed Embalmer No. *272*

P. O. Address *East Prairie, 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.