

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

32204

FILED OCT 6 1953

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3379 REGISTRAR'S NO. 140

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Wright</i>	
b. CITY OR TOWN <i>Memorial</i>		c. CITY OR TOWN <i>Mountain Grove</i>	
c. LENGTH OF STAY (in this place) <i>3 days</i>		d. STREET ADDRESS <i>Route 5</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jasper Co T &amp; Hospital</i>		d. STREET ADDRESS (if rural, give location) <i>1</i>	
3. NAME OF DECEASED a. (First) <i>Benjamin</i> b. (Middle) <i>R</i> c. (Last) <i>Franklin</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 25 1953</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct 13-1885</i>
9. AGE (In years last birthday) <i>67</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Wright Co, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Franklin</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Mootie</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.		17. INFORMANT'S SIGNATURE OR NAME <i>Records</i> ADDRESS	
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>Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) <i>Diabetes Mellitus</i>	
DUE TO (c) <i>Senility</i>		DUE TO (c) <i>Senility</i>	
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) (Min)		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>9/22</i> , 19 <i>53</i> , to <i>9/25</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9/25</i> , 19 <i>53</i> , and that death occurred at <i>7:30 am</i> from the causes and on the date stated above.	
23a. SIGNATURE <i>Jesse L. Douglas M.D. Webb City, Mo.</i>		23b. ADDRESS	
23c. DATE SIGNED <i>9/25/53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Sept 27-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mtn Valley Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Mtn Grove Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Barber Funeral Home</i> ADDRESS <i>Mtn Grove</i>	
DATE REC'D BY LOCAL REG. <i>9/27/53</i>		REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	

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

RECEIVED OCT 5 1953

Jasper County Health Office

County File Number 53-9-810

Date Filed OCT 5 1953

MAR 1 1956

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, 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.