

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43471

State File No. ....

FILED DEC 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LA BELLE</u> <u>2560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GIBSON HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>No. LEWISTOWN</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FORREST</u>	b. (Middle) <u>WAYNE</u>	c. (Last) <u>FRANKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 10, 1953</u>
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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>DEC. 10, 1953</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXXXXXXXXXXXXXX</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EDINA, MISSOURI</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ROBERT FRANKS</u>	13b. MOTHER'S MAIDEN NAME <u>DORIS ANN SCOGGIN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT FRANKS</u> ADDRESS <u>LEWISTOWN, MO.</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Partially detached placenta causing premature birth</u> 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"/>
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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) <u>7615</u>
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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. 10, 1953, to Dec. 10, 1953, that I last saw the deceased alive on Dec. 10, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry S. McBracken D.D.</u>	23b. ADDRESS <u>La Belle, Mo.</u>	23c. DATE SIGNED <u>Dec. 10, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MIDWAY</u>	24d. LOCATION (City, town, or county) (State) <u>LEWIS COUNTY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Dec 18 1953</u>	REGISTRAR'S SIGNATURE <u>Neil S. Hammit</u> 151	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold, Jr.</u> ADDRESS <u>Lewistown, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

to 300  
0.48  
5 20

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 *Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.