

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43765**

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4386** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0750	

3. NAME OF DECEASED (Type or Print)	a. (First) SIDNEY	b. (Middle) JOHNSON	c. (Last) FRANKS	4. DATE OF DEATH (Month) (Day) (Year)
				Dec. 6, 1953

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 1, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 9 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and State or Foreign Country) Thomasville, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Franks	13b. MOTHER'S MAIDEN NAME Mary Davis	14. NAME OF HUSBAND OR WIFE Ethel Ross Franks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 500-36-5603	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Franks	ADDRESS Thayer, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Dec 6 1953
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart attack		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis 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)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 6, 1953**, to **Dec 6, 1953**, that I last saw the deceased alive on **Dec 6, 1953**, and that death occurred at **4:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Cooper M.D.	23b. ADDRESS Thayer Mo	23c. DATE SIGNED 12-18-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/7/53	24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	24d. LOCATION (City, town, or county) (State) Thayer, Missouri
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DATE REC'D BY LOCAL REG. 12-19-1953	REGISTRAR'S SIGNATURE Arthur Wolff	25. FUNERAL DIRECTOR'S SIGNATURE Edward Davis	ADDRESS Thayer Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1925

STATEMENT BY LICENSED EMBALMER

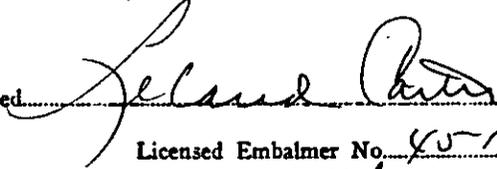
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 45-16

P. O. Address Shays, 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.