

FILED DEC 16 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 43792

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 8		
1. PLACE OF DEATH a. COUNTY <u>Pemiscot County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 hrs</u>		c. CITY OR TOWN <u>St. Claire</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1 0360 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jack</u> b. (Middle) <u>FRANKS</u> c. (Last) <u>Weatherford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-53</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>12-30-1930</u>		
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Navy</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Claire, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Jewel FRANKS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jewel Fisher - St. Claire Mo.</u>				
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Injury - Auto Accident</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u>						
		DUE TO (c) <u>Chest injury</u>						
		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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Street (Highway) Hwy 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Pemiscot, County</u>		(STATE) <u>Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-28-53 4:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>				
22. I hereby certify that I attended the deceased from <u>11/29</u> , 19 <u>53</u> , to <u>11/29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/29</u> , 19 <u>53</u> , and that death occurred at <u>2:30 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Warren P. McCoy M.D.</u>				23b. ADDRESS <u>Carethand 6000</u>		23c. DATE SIGNED <u>12/5/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Clair</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-8-53</u>		REGISTRAR'S SIGNATURE <u>John W. Gorman</u> 406-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gorman</u>		ADDRESS <u>Hayti Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0781

12-388-53

FEB 11 1950

DEC 18 1949  
JAN 6 1950

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 *John H. German*.....

Licensed Embalmer No. *4355*

P. O. Address *Hoyt, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitute's 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.