

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 25

| | | | |
|---|---------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neesho | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hosp. | | d. STREET ADDRESS (If rural, give location) 8 mi. so. of Seneca | |
| 3. NAME OF DECEASED (Type or Print) ELLIS | | a. (First) ELMO (Middle) FRANKLIN c. (Last) FRANKLIN | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1954 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div 3 | 8. DATE OF BIRTH July 27, 1886 |
| 9. AGE (In years last birthday) 67 | | 9. AGE (In years last birthday) 67 | 10. IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Tennessee |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Samuel W. Franklin | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Phillips Unknown | | 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) yes | | 16. SOCIAL SECURITY NO. 442-12-9518 | |
| 17. INFORMANT'S SIGNATURE OR NAME Birth certificate, etc. | | 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | |
| 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 10-5 , 1953, to Mar 4 , 1954 that I last saw the deceased alive on Mar 4 , 1954, and that death occurred at 4:00 p m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Melvin C. Bowman (Degree or title) | | 23b. ADDRESS Neesho Mo | |
| 23c. DATE SIGNED Mar 11 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 3-10-54 | | 24c. NAME OF CEMETERY OR CREMATORY Seneca Cem. | |
| 24d. LOCATION (City, town, or county) (State) Seneca, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE W E Bellhouse ADDRESS Seneca Mo | |
| DATE REC'D BY LOCAL REG. 3-11-54 | | REGISTRAR'S SIGNATURE Melvin C. Bowman 223 | |

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 354-48

Date Filed MAR 19 1954

NEOSHO, MISSOURI.

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 W. G. Redd

Licensed Embalmer No. 2174

P. O. Address Seneca 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.