

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11935

State File No.

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4233 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia</u>	
c. LENGTH OF STAY (In this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>Ursuline Convent</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ursuline Convent</u>		e. STREET ADDRESS (If rural, give location) <u>Ursuline Convent</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sister</u>	b. (Middle) <u>Coletta</u>	c. (Last) <u>Franken</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 14, 1865</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Flower gardener</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>California, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Franken</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Meyers</u>	14. NAME OF HUSBAND OR WIFE <u>Does not apply</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mother Coletta, D.S.H.</u> ADDRESS <u>Arcadia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis, general</u>		
	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: <u>4500</u>	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Dec. 26, 1947, to Apr. 24, 1954, that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben W. Bull M.D.</u> (Degree or title)	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>4-27-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arcadia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-4-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton, Mo.</u> ADDRESS _____
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Licensed Embalmer's Statement on Reverse Side

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

0420

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 *Lyle A. White* _____

Licensed Embalmer No. *4295* _____

P. O. Address *Clinton, 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.