

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15202**

59

5218

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural - Big Creek		c. LENGTH OF STAY (in this place) 8 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Big Creek		0190
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 ml. S.W. Pleasant Hill			d. STREET ADDRESS (If rural, give location) 2ml. S.W. Pleasant Hill		

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Preston c. (Last) Franklin			4. DATE OF DEATH (Month) (Day) (Year) 5-8-1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-17-1886		9. AGE (In years last birthday) 67
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 (City and State or Foreign Country) Fairmount, Ga.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin P. Franklin	13b. MOTHER'S MAIDEN NAME Louisa Adams	14. NAME OF HUSBAND OR WIFE Frances Franklin	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 497-26-432	17. INFORMANT'S SIGNATURE OR NAME Lloyd Franklin Pleasant Hill, Mo.		ADDRESS 497-26-0432
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis 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.			INTERVAL BETWEEN ONSET AND DEATH 10 min
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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)
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?

22. I hereby certify that I attended the deceased from 18 to 19, that I last saw the deceased alive on 8-22, 1953, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

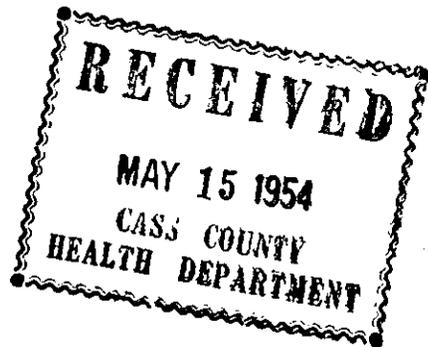
23a. SIGNATURE (Degree or title) Allen DeWitt	23b. ADDRESS Pleasant Hill, Mo.	23c. DATE SIGNED 5-11-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-10-1954	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) Pleasant Hill, Mo. (State)
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DATE REC'D BY LOCAL REG. May 12 1954	REGISTRAR'S SIGNATURE Dora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE Allen DeWitt	ADDRESS Pleasant Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190



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 Allen Brown

Licensed Embalmer No. 3785

P. O. Address Plum and Hill

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.