

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42015**

FILED DEC 30 1954

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3056		Registrar's No. 281	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give town) Moberly		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Moberly		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				STREET ADDRESS (If rural, give location) 700 W. Reed St. 088² 0			
3. NAME OF DECEASED (Type or Print) a. (First) Murtie		b. (Middle) F.		c. (Last) Franklin		4. DATE OF DEATH (Month) (Day) (Year) Dec 18th 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 6th 1912	
9. AGE (in years last birthday) 42		IF UNDER 1 YEAR Months 11 Days 12		IF UNDER 11 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? Mo	
13a. FATHER'S NAME Wm G Stevenson		13b. MOTHER'S MAIDEN NAME Martha A. Stevenson		14. NAME OF HUSBAND OR WIFE William D. Franklin			
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. 492-34-4225		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.D. Franklin, Moberly, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia 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 6 hrs	
19a. DATE OF OPERATION None		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 bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Randolph Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 12-18 , 19 54 , to 12-18 , 19 54 , that I last saw the deceased alive on 12-18 , 19 54 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. Smith M.D.				23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED 12-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-20-54		24c. NAME OF CEMETERY OR CREMATORY Sunset M. Gardens		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 12-20-54		REGISTRAR'S SIGNATURE Leah W. Lowe 269		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahan and Lowe, Moberly, Mo			

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

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... *Frank D. Dr. W.*

Licensed Embalmer No. *302*

P. O. Address *Moherle*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.