

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **89**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4025** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Barry 0050		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Wheaton	c. LENGTH OF STAY (in this place) 4 weeks	c. CITY OR TOWN Rural	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton Hospital		e. STREET ADDRESS (If rural, give location) Purdy, Mo. R#1 0050	

3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) C c. (Last) Franklin		4. DATE OF DEATH (Month) (Day) (Year) January 29 1955	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28 1889
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Franklin	13b. MOTHER'S MAIDEN NAME Dora Dennison	14. NAME OF HUSBAND OR WIFE Ethel Franklin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	16. SOCIAL SECURITY NO. 511-03-2756	17. INFORMANT'S SIGNATURE OR NAME Ethel Franklin Purdy, Mo. R#1	ADDRESS Mo. R#1
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pulmonary edema		1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Myocardial insufficiency		3 weeks "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unresolved lobar pneumonia		1 month	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1222	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 **1/1** 19**55**, to **1/29** 19**55**, that I last saw the deceased alive on **1/29** 19**55**, and that death occurred at **11:06 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Fred R. Clark	(Degree or title) D.O. 2	23b. ADDRESS Wheaton, Mo.	23c. DATE SIGNED 1/31/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-1-55	24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cem.	24d. LOCATION (City, town, or county) (State) Purdy, Mo. R#
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DATE REC'D BY LOCAL REG. 2-3-1955	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE W. Marie Pope	ADDRESS Wheaton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 255-186

DATE REC. 2-5-55

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 *James Kenneth Lunce*

Licensed Embalmer No. *474*

P. O. Address *Wheaton,*

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.