S. No. 300
. 10.48

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1557

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Knox City Mo.
c. LENGTH OF STAY (in this place) 5 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Knox City 05200
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CYRUS
b. (Middle)
c. (Last) FRANKS

4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH July 18 1875
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 5 Days 22 — IF UNDER 24 HRS. 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 (City and State or Foreign Country) Clark Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Franks
13b. MOTHER'S MAIDEN NAME Mary Mitts
14. NAME OF HUSBAND OR WIFE Lula Franks ~~New Boston~~ ~~Ill~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Opal Luxmore New Boston Ill. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH —

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 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1955, *to* Jan 10, 1955, *that I last saw the deceased alive on* Jan 10, 1955, *and that death occurred at* 7:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE E J Phillips (Degree or title) 2 D.O.
23b. ADDRESS Knox City Mo
23c. DATE SIGNED Jan 11-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 11 55
24c. NAME OF CEMETERY OR CREMATORY Penile Cemetery
24d. LOCATION (City, town, or county) Joy (State) Ill.

DATE REC'D BY LOCAL REG. Jan. 11-55
REGISTRAR'S SIGNATURE Nelle S. Hunolt 151-0
25. FUNERAL DIRECTOR'S SIGNATURE A. J. Seeger ADDRESS Knox City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Mrs. J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.