

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1635

FILED FEB 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLARK	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL DICKERSON		c. LENGTH OF STAY (in this place) 3 wks.	c. CITY OR TOWN KAHOKA
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Prairie View Rest Home 4		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) XXXXXXXXXXXXXXXX		0530	

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle) ANNA	c. (Last) FRANKS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 10, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 2/15/1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXX	11. BIRTHPLACE (City and State or Foreign Country) KAHOKA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BENJAMIN REBO	13b. MOTHER'S MAIDEN NAME EMILY CHAPMAN	14. NAME OF HUSBAND OR WIFE DAVID FRANKS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give num. or date of service) XXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEO FRANKS QUINCY, ILL.
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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 3 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		
	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 331X	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) (Min.)	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 27 Jan, 1955, to 10 Feb, 1955, that I last saw the deceased alive on 10 Feb, 1955, and that death occurred at 10a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Wells, L.D.O.	23b. ADDRESS Lewistown, Mo.	23c. DATE SIGNED 10 Feb 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/13/55	24c. NAME OF CEMETERY OR CREMATORY KAHOKA	24d. LOCATION (City, town, or county) (State) KAHOKA, MISSOURI
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DATE REC'D BY LOCAL REG. 2-11-55	REGISTRAR'S SIGNATURE P.W. Jennings, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Conroy, Jr.	ADDRESS Lewistown, Mo.
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(Deceased Embalmer's Statement on Reverse Side)

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

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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.....  
*Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667.....

P. O. Address LEWISTOWN, M.....

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.