

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9280

State File No. ....

FILED APR 11 1955

No. 300  
10.48

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

BIRTH NO. <u>124</u> REG. DIST. NO. <u>316</u> PRIMARY REG. DIST. NO. <u>6075</u> Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL, ST. FRANCOIS) <u>St. Francois</u>	c. LENGTH OF STAY (in this place) <u>65</u> (hrs)
c. CITY OR TOWN <u>Fredericktown</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic</u>	
No. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #3</u> <u>062P</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u> b. (Middle) <u>LEE</u> c. (Last) <u>FRANKLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1955</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>4/3/55</u>
9. AGE (In years last birthday) <u>8</u> IF UNDER 1 YEAR Months Days <u>8</u> IF UNDER 24 HRS. Hours Min. <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>David Lee Franklin</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Lee Wilfong</u>
14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Franklin Fredericktown</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Htalectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity.</u> DUE TO (c) <u>birth at 6 months.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7025</u>
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)	
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 <u>4/3, 1955</u> to <u>4/4, 1955</u> , that I last saw the deceased alive on <u>4/4, 1955</u> , and that death occurred at <u>4:10 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. W. Delaney D.O.</u>	23b. ADDRESS <u>Fredericktown Mo</u>
23c. DATE SIGNED <u>4/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 14 1955</u>
24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo</u>
DATE REC'D BY LOCAL REG. <u>Apr 4 1955</u>	REGISTRAR'S SIGNATURE <u>Gather Rudloff</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Flatting mo.</u>	

(Licensed Employer's Statement on Reverse Side)

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..

*not Embalmed*

Student.....

Signature of Student Embalmer

Signed.....

*R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flet Riv*

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.