

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11271

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 43

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

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Carroll 0170</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Carrollton. 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norborne. 0</b>	
c. LENGTH OF STAY (In this place) <b>7 Days.</b>		d. STREET ADDRESS (If rural, give location) <b>103 east 4th Street.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bales Hospital.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>D.</b> c. (Last) <b>Franken.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April, 26, 1955</b>
5. SEX <b>Female/</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	8. DATE OF BIRTH <b>August, 19.</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work.</b>	11. BIRTHPLACE (State or foreign country) <b>Albany Missouri. 0</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John W. Barkley.</b>		14. NAME OF HUSBAND OR WIFE <b>None.</b>	
13b. MOTHER'S MAIDEN NAME <b>Margarett Brown.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Franken</b>		ADDRESS <b>Norborne, Mo</b>	
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) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension &amp; arteriosclerosis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>?</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Morbidity - Nephritis. previous cerebral</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>hemorrhage p. 331 X</b>	
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) (Min)		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 <b>April 18, 1955</b> to <b>April 26, 1955</b> , that I last saw the deceased alive on <b>April 26, 1955</b> , and that death occurred at <b>7:30 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edgar Paul Bales M.D.</b>		23b. ADDRESS <b>Carrollton, Mo</b>	
23c. DATE SIGNED <b>4-28-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 28, 1955.</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Fairhaven Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>Norborne, Mo.</b>	
DATE REC'D. BY LOCAL REG. <b>4/28/55</b>		REGISTRAR'S SIGNATURE <b>Mr. Herbert Calvert</b>	
55-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Ditch</b>	
		ADDRESS <b>Norborne Mo</b>	

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Northone 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.