

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39433

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>4515</u> Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY OR TOWN <u>MILAN</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 HOSPITAL OR INSTITUTION: <u>SULLIVAN CO MEMORIAL HOSP MILAN, MO</u>			e. STREET ADDRESS (If rural, give location) <u>1050</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>		b. (Middle) <u>—</u>	c. (Last) <u>FRANKLIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 1955</u>
5. SEX <u>FE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 22 1872</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MILAN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Wm COCHRAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SHATTO</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES S FRANKLIN</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>Edward Franklin Milan</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>Infectious cholecystitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable biliary obstruction</u> DUE TO (c) <u>Chronic cholecystitis 585X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Senility, general arteriosclerosis malnutrition, dehydration.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>?</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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 <u>11-12</u> , 19 <u>55</u> , to <u>11-13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm E. Prior D.O.</u>		(Degree or title) ²		23b. ADDRESS <u>217 E. Second St., Milan, Mo.</u>	23c. DATE SIGNED <u>11-14-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHATTO</u>	24d. LOCATION (City, town, or county) (State) <u>MILAN MO</u>		
DATE REC'D BY LOCAL REG. <u>11-16-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James P. ...</u>		ADDRESS <u>Milan</u>

(Licensed Embelmer'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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 37.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.