.300
.48

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

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4515 State File No. 43171

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6183 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
c. LENGTH OF STAY (in this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sull. Co. Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN: Milan
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1050

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Russell
c. (Last): Franklin

4. DATE OF DEATH (Month) (Day) (Year): 12 26 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 12-14-1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 6, Days 12 — 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): Milan Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James K Franklin
13b. MOTHER'S MAIDEN NAME: Louzanna Jones
14. NAME OF HUSBAND OR WIFE: Elizabeth Taylor (dead)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Norm Hays — ADDRESS: Milan

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 30days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Insufficient intake — 30 days

DUE TO (c) Septicemia and purulent infection — 3 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Moist gangrene of left foot, diabetes mellitus, arteriosclerosis and rheumatoid arthritis

260X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* _____ *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____ *19*____, *and that death occurred at* 7:05 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E Prior MD
23b. ADDRESS: 217 E. Second St., Milan, Mo.
23c. DATE SIGNED: 12-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-55
24c. NAME OF CEMETERY OR CREMATORY: Deep Springs Cem
24d. LOCATION (City, town, or county) (State): Sullivan Co. Mo

DATE REC'D BY LOCAL REG.: 12-28-55
REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett
525
25. FUNERAL DIRECTOR'S SIGNATURE: Schoenes Dwight Schoenes
ADDRESS: Milan Mo

(Licensed Embalmer'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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed....Dwight Schoene.....

Licensed Embalmer No. 266

P. O. Address Urban - V

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