

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43309

State File No. ....

5758

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 20 yrs.

c. CITY OR TOWN KANSAS CITY d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION PSYCHIATRIC RECEIVING CENTER e. STREET ADDRESS (If rural, give location) 2804 PARK STREET

3. NAME OF DECEASED (Type or Print) a. (First) CLIFFORD b. (Middle) \_\_\_\_\_ c. (Last) FRANKLIN 4. DATE OF DEATH (Month) (Day) (Year) 12 28 55

5. SEX M 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 8. DATE OF BIRTH 11-17-95 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ODD JOBS 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and State or Foreign Country) OLATHE, KANSAS 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAKE FRANKLIN 13b. MOTHER'S MAIDEN NAME NELLIE (UNKNOWN) 14. NAME OF HUSBAND OR WIFE NOT AVAILABLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME Denny Franklin ADDRESS 1018 Highland

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bacterial pneumonia MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 days

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 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. Psychosis, unclassified 4917

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 Dec-20, 1955, to Dec-28, 1955 that I last saw the deceased alive on Dec-27, 1955, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) John J. O'Heare, M.D. 23b. ADDRESS Psych. Rec. Center, K.C. Mo 12-28-55 23c. DATE SIGNED

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-3-56 24c. NAME OF CEMETERY OR REMATORY Lincoln 24d. LOCATION (City, town or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 1-3-56 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home ADDRESS 18 Benton

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD John J. O'Heare

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 *Bruce R. Watkins*.....

Licensed Embalmer No. *465*.....

P. O. Address *18<sup>th</sup> Ave*.....

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.