b. CITY (If outside corporate limits, write BURAL and sive township) TOWN CORT TOWN C. LENGTH OF TOWN C. LENGTH OF TOWN C. LENGTH OF TOWN C. LITY TOWN C. LITY TOWN C. LITY TOWN C. LENGTH OF TOWN C. LENGTH OF TOWN C. LENGTH OF TOWN C. LENGTH OF TOWN C. LENGTH CORT TOWN C. LENGTH TOWN C. LENGTH CORT CORT TOWN C. LENGTH	ıl		THE DIVISION OF HE			11GA
1. PLACE OF DEATH a. COUNTY b. CITY (If establic companies limits, write RURAL and size as service) b. CITY (If establic companies limits, write RURAL and size as service) constitution co	FILED JAN	16 1 956	STANDARD CERTIF	ICATE OF DEATH	- State	e File No
1. PLACE OF DEATH a. COUNTY b. CITY (If critical companies limited, write RURAL and size convenient) b. CITY (If critical companies limited, write RURAL and size convenient) b. CITY (If critical companies limited, write RURAL and size convenient) convenient) convenient of the conve	BIRTH NO.	· · · · · · · · · · · · · · · · · · ·	_ REG. DIST. NO	PRIMARY REG. DIST. NO.	3023 Regi	istfar's No. 7 S
b. CITY (II outside corporate limits, write BURAL and elve to commission 5187 is give placed or integration, etc. certain) 5187 is give placed or integration, etc. certain 5187 is give placed or integration. Etc. certain 5187 is give	11	ATH			CE (Where deceased I	ived. If institution; residen
ORN G. FULL NAME OF CIT on in benefit or institution, give intred address or formation) J. NAME OF CIT on it is benefit or institution, give intred address or formation) J. NAME OF CIT on it is benefit or institution, give intred address or formation) J. NAME OF CIT on it is benefit or institution, give intred address or formation) J. NAME OF CIT on it is benefit or institution, give intred address or formation) J. NAME OF CIT on it is benefit or institution, give intred address or formation) J. NAME OF CIT on it is benefit or institution, give intred address or institution of the control of	A44	iny		17/100	burs	yeary
INSTITUTION 3 NAME OF B. (First) 5 SEX 6 COLOR OR RACE 7 MARRIED, S. DATE OF BIRTH 10 L SUAL OCCUPATION (circus and decess) 11 L BIRTHPLACE 12 L SUAL OCCUPATION (circus and decess) 13 L SUAL OCCUPATION (circus and decess) 14 L BIRTHPLACE 15 L SUAL OCCUPATION (circus and decess) 16 L SUAL OCCUPATION (circus and decess) 17 L BIRTHPLACE 18 L SUAL OCCUPATION (circus and decess) 19 L SUAL OCCUPATION (circus and decess) 10 L SUAL OCCUPATION (circus and decess) 10 L SUAL OCCUPATION (circus and decess) 10 L SUAL OCCUPATION (circus and decess) 11 L BIRTHPLACE 12 L SUAL OCCUPATION (circus and decess) 12 L SUAL OCCUPATION (circus and decess) 13 L SUAL OCCUPATION (circus and decess) 14 L BIRTHPLACE 15 L SUAL OCCUPATION (circus and decess) 16 L SUAL OCCUPATION (circus and decess) 17 L BIRTHPLACE 18 L SUAL OCCUPATION (circus and decess) 19 L SUAL OCCUPATION 19 L BIRTHPLACE 19 L SUAL OCCUPATION 10 L SUAL OCCUPATION 11 L SIGNATURE 21 L ACCIDENT 12 L ACCIDENT 13 L ACCIDENT 14 L ACCIDENT 15	OR A	orporate limits, write R	township) STAY (in this place	OR CLIN	tm	d. Is Residence within limit a city or incorporated to Yes No
DECEASED CType or print S. SEX G. COLOR OR RACE 7. MARRIED, NEVER MARR	II HOSPITAL OR	(If not in hospital or in	nstitution, give street address or location)	ADDRESS 🙇 🗸	- 11 27:	nton 040
S. SEX G. COLOR OR RACE MARRIED NEVER MARRIED S DATE OF BIRTH 9. AGE (If the many if reach substitution) 10. MILLIAN DOCUMENTO NUOVED DIVORCED (Specific) 10. MILLIAN DOCUMENTO NUOVED DIVORCED NUOVED DIVORCED NUOVED NUOVED DIVORCED NUOVED NUOVE	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		(Month) (Day) (Y
Name District Di	(Type or Print)		h FRANKL		Y DEATH	an 8 19:
COUNTRY COUNTY	male	white	WIDOWED, DIVORCED (Specifical)	74 24 181		Months Days Hours
MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) (If yes, gives war or dates of service) 16. SOCIAL SECURITY (NO. 10. or unknown) (If yes, gives war or dates of service) 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 feiture, eatheria, etc. It means the distance of dying, such as heart feiture, artheria, etc. It means the distance of dying, such as heart feiture, artheria, etc. It means the distance of dying, such as heart feiture, artheria, etc. It means the distance of dying, such as heart feiture, artheria, etc. It means the distance of dying, such as heart feiture, artheria, etc. It means the distance of dying, such as heart feiture, artheria, etc. It means the distance of dying, such as the underlying cause last. DUE TO (c)	10a. USUAL OCCUPATI	ON (Give kind of work ing life, even if retired)	10b, KIND OF BUSINESS OR IN-	BIRTHPLACE (City III	d State or Foreign Co	
State of Death Enter only one owns per Income of the control	13a. FATHER'S NAME		136. MOTHER'S MAIDEN	NAME 1	NAME OF HUSBAN	ID OR HIFE
State of Death Enter only one owns per Income of the control	John B	Hexas	~ Sarah	Kelma]	Ida ma	4 Hixam
Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, eathenia, etc. It means the discase, injury, or compiled the underlying cause last. DUE TO (b) This does not mean the mode of dying, such as heart failure, eathenia, etc. It means the discase, injury, or compiled the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discase or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specify) SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about Homicide) 21d. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from 19b. or				17 INFORMANT'S S	I GNATURE OR I	ADDR
Direct only one cause per line for (a), (b), and (c)	18. CAUSE OF DEATH			ERTIFICATION		INTERVAL BE
*This does not mean the mode of dying, such as heart failure, exthenia, etc. It means the discase, injury, or compilication which caused death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS 12. DATE OF OPERATION 21a. ACCIDENT SUICIDE (Specify) POWER (Month) (Day) (Year) (Hour) OF INJURY 21d. If Me (Month) OF INJURY 22. I hereby certify that I altended the deceased from Alive on Signature 23a. SIGNATURE ANTECEDENT CAUSES Morbid conditions, if any, piping DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 12. AUTOPS VES 21. ACCIDENT SUICIDE (Specify) POWER (Month) (Day) (Year) (Hour) OF INJURY (s.e., in or about home, farm, factory, street, office bidg., etc.) POWER AT WORK AND WHILE AT WORK AND WHILE AND WORK AND WHILE AND WHILE AND WORK AND WHILE AND WORK AND WORK AND WORK AND WORK AND WHILE AND WORK AND W		I. DISEASE OR CO		ic nephral	u.	6 De
the mode of dying, such as heart falture, asthemia, etc. It means the discusse classe (a) stating etc. It means the discusse or conditions contributing to the death but not related to the discusse or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.e. in or about home, farm, factory, street, office bidg., etc.) 19c. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED AT WORK	<u> </u>	ANTECEDENT CA	AUSES .		J	
DUE TO (c) DUE TO (c)	the mode of dying, such	Morbid condition	s, if any, giving DUE TO (b)	rucer of 2	nesewer	4
DUE TO (c) 10. There is the data case, finally, or compilication which caused death. 11. OTHER SIGNIFICANT CONDITIONS 12. DATE OF OPERATION 12. ACCIDENT (Specilly) 21. ACCIDENT (Specilly) 22. AUTOPS 2		the underlying car	ause (a) stating ise last.			
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ISA. DATE OF OPERATION ISA. DESCRIPTION ISA. DATE OF OPERATION ISA. DATE OPERATION ISA. DATE OF OPERATION ISA. DATE OPERATION ISA. DATE OF OPERATION ISA. DATE OPERATION	l I				•	. <u></u>
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.e., in or about home, farm, factory, street, office bidg., etc.) home, farm, factory, street, office bidg., etc.) home, farm, factory, street, office bidg., etc.) 21d. Time OF INJURY 21d. Month) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22c. I hereby certify that I attended the deceased from 3 3 5, to -8, 1954, that I last saw the decalive on -8, 1954, and that death occurred at -1, 1954, that I last saw the decalive on -8, 1954, and that death occurred at -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, and that death occurred at -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the dec		II. OTHER SIGNII	FICANT CONDITIONS	 		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.e., in or about home, farm, factory, street, office bidg., etc.) home, farm, factory, street, office bidg., etc.) home, farm, factory, street, office bidg., etc.) 21d. Time OF INJURY 21d. Month) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22c. I hereby certify that I attended the deceased from 3 3 5, to -8, 1954, that I last saw the decalive on -8, 1954, and that death occurred at -1, 1954, that I last saw the decalive on -8, 1954, and that death occurred at -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the decalive on -1, 1954, and that death occurred at -1, 1954, that I last saw the decalive on -1, 1954, that I last saw the dec		Conditions contrit	ruting to the death but not se or condition causing death.		.15	8x
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE home, farm, factory, street, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK	19a. DATE OF OPERA-		 1			20. AUTOPS
21a. ACCIDENT SUICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY). (STATE SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. How DID INJURY OCCUR? 22	TION				•	YES 🗌
22. I hereby certify that I attended the deceased from 3-25, 1952, to 1952, that I last saw the decalive on 1952, and that death occurred at 1 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 24a. BURJAL. CREMA 24y. DATE 24a. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Characteristics Characteristics Address J-9-5-REG. Mildred Bigum 0 1 Signature Clintan Address Address	21a. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR TOW	NSHIP) (C	
22. I hereby certify that I attended the deceased from 325, 1953, to 1854, that I last saw the deceased on 1854, and that death occurred at 1854, from the causes and on the date stated above. 23a. SIGNATURE (Decree or title) 23b. ADDRES 24a. BURJAL. CREMA 24V. DATE 24a. BURJAL. CREMA 24V. DATE 24b. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. The county of the causes and on the date stated above. 25d. DATE STATE SIGNATURE 25d. DATE STATE SIGNATURE 25d. FUNEBAL DIRECTOR'S SIGNATURE ADDRESS 25d. The county of the causes and on the date stated above. 25d. DATE STATE SIGNATURE 25d. DATE STATE SIGNA) (Day) (Year) (WHILE AT NOT WHILE	21f. HOW DID INJURY OCC	:UR?	,
alive on	22 I herebu certifu	that I attended t	2-1/	1953 to 1-8	1956	that I last saw the de
24a. BURIAL. CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (S FUNE REC'D BY LOCAE REGISTRAR'S SIGNATURE 325 FUNEBAL DIRECTOR'S SIGNATURE ADDRESS 1-9-5 REG. Mildred Bigum & Location Clinton Mo	ll		-	1 1		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1-9-5-REG. Mildred Bigum of Locales Clinton mo	23a. SIGNATURE	18 m	My (Degree or title)	23b. ADDRES	m m	23c. DATE S
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1-9-5-REG. Mildred Bigum of Locales Clinton mo	24a, BURIAL, CREM TUON, REMOVAN (Specif	24V. DATE	243 NAME OF CEMETER	RY OR CREMATORY 24d.	LOCATION (City, to	100
1-9-56 mildred Begum of Lockstery Clenton mo	bures	10000	- 50 cngrew	OF ENHERAL DIRECTOR	KINCON THE	
(Licensed Embalmer's Statement on Reversa Side)	J-9-4-REG	E REGISTRAR'S S	ignature Bigum a	77 Sela	lesa Cla	nta mo
			(Licensed Embelmar'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

Signature of Student Embalmer

Signature of Student Embalmer

Licensed Embalmer No. 7

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Faito comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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.