

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5868

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Pike County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (in this place) 7 days		c. CITY OR TOWN Eolia		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> A			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				e. STREET ADDRESS (If rural, give location) 0820					
3. NAME OF DECEASED (Type or Print) Gus E. Franke			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH February 24, 1956		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 11, 1880		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 2 Days 13			
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) Germany		12. CITIZEN OF WHAT COUNTRY? 4			
13a. FATHER'S NAME Augusta Franke			13b. MOTHER'S MAIDEN NAME Edith Fernholtz			14. NAME OF HUSBAND OR WIFE Bessie Franke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bessie Franke					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gangrene of Left Leg</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Thrombosis of the Left Fem. Art.</i> DUE TO (c) <i>Arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days week	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4501				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) m.		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 Feb 17, 1956, to Feb 23, 1956, that I last saw the deceased alive on Feb 23, 1956, and that death occurred at 2:20 pm., from the causes and on the date stated above.									
23a. SIGNATURE <i>J. Buchanan M.D.</i>				23b. ADDRESS Clarksville, Mo.		23c. DATE SIGNED 2/25/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-27-56		24c. NAME OF CEMETERY OR CREMATORY Antioch		24d. LOCATION (City, town, or county) (State) Rolls County Missouri			
DATE REC'D BY LOCAL REG Feb 27, 1956		REGISTRAR'S SIGNATURE <i>Bernice Collier</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Crawford Smith</i>		ADDRESS Hannibal Missouri			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A LEGIBLE COPY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *H Crawford Smith*

Licensed Embalmer No. *38*

P. O. Address *Hannett*

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