

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157 021982
STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		c. CITY OR TOWN Granby	
c. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS none	
Length of stay in lb years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Bessie Middle Maire Last Franks			4. DATE OF DEATH Month 7 Day 4 Year 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK	10b. KIND OF BUSINESS OR INDUSTRY CAFE	11. BIRTHPLACE (City and state or country) Hartford Arkansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME James B. Price	14. MOTHER'S MAIDEN NAME Anna Turner
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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. 500-09-0377	17. INFORMANT Address Mr. Fred Franks Granby, Missouri
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Had not seen doctor	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour 4:20 Month 1 Day 8 Year 57 a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office-bldg., etc.)	20f. CITY, TOWN, OR LOCATION Granby COUNTY Newton STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Harley Thompson (Degree or title) 3	22b. ADDRESS Neosho, Mo.	22c. DATE SIGNED 7-8-57
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-7-1957	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial Cemetery Granby, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Floyd E. Shewmake Jr. ADDRESS Granby, Mo.	25. DATE RECD. BY LOCAL REG. July 8 1957	26. REGISTRAR'S SIGNATURE M. H. Young
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 00 56
 2 0 1

RECEIVED

District Health Officer No. Newton

District File Number 757-153

Date Filed JUL 11 1957

JUL 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision....

Student.....
Signature of Student Embalmer

Signed Floyd E. Stewman

Licensed Embalmer No. 44
P. O. Address Box 58 Granby

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.