

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24530

STATE FILE NUMBER

FILED AUG 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3277

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Miami</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Osawatomie</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		Length of stay in 1b <b>15 days</b>	d. STREET ADDRESS <b>RR #2</b>		(If outside, give location) <b>8150</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HORACE</b> Middle <b>G.</b> Last <b>FRANKLIN</b>			4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-15-92</b>	9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardener</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>	11. BIRTHPLACE (City and state or country) <b>Stockville, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Elisha W. Franklin</b>			14. MOTHER'S MAIDEN NAME <b>Flora Ann Barnaby</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>481 18 9067</b>	17. INFORMANT <b>VA Hospital Official Records</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia right lower lobe.</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					E9000
DUE TO (b) _____ DUE TO (c) <b>Contusion, marked, cervical cord with paraplegia</b>					
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>fell on steps</b>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. <b>6-15-57</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Osawatomie</b>		COUNTY <b>Miami</b> STATE <b>Kans.</b>
21. <input checked="" type="checkbox"/> Attended the deceased from <b>June 28, 1957</b> to <b>July 13, 1957</b> <input checked="" type="checkbox"/> Death occurred at <b>12:10</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. A. Turner</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>VA Hospital, Kansas City, Mo</b>		22c. DATE SIGNED <b>7-13-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-14-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Beagle Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Beagle, Kansas</b>
24. FUNERAL DIRECTOR <b>D. W. Newcome R's Sons</b>		ADDRESS <b>K.C., Mo</b>	25. DATE RECD. BY LOCAL REG. <b>7-14-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshell</b>

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service

100-56

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

MEDICAL CERTIFICATION

