

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27831**

FILED SEP 9 1957

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **286**

1. PLACE OF DEATH a. COUNTY Cal		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 4 miles South of Brown's Mills, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WAYNE	b. (Middle) Webster	c. (Last) Franklin	4. DATE OF DEATH (Month) (Day) (Year) August 31, 1957
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH September 25 1893	9. AGE (In years last birthday) Months Days Hours Min. 63 11 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Drug Industry	11. BIRTHPLACE (State or foreign country) Arzola Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME IRA Franklin	13b. MOTHER'S MAIDEN NAME Delisha Edwards	14. NAME OF HUSBAND OR WIFE Jessie Marie Franklin
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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. 334-01-9161	17. INFORMANT'S SIGNATURE OR NAME Jessie M. Franklin	ADDRESS Brown's Mills, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/5**, 19**57**, to **8/31**, 19**57**, that I last saw the deceased alive on **8/30**, 19**57**, and that death occurred at **5:30A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 8/31/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE September 3 1957	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	24d. LOCATION (City, town, or county) (State) Versailles, Missouri
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DATE REC'D BY LOCAL REG. 3 Sept 1957	REGISTRAR'S SIGNATURE R.P. Harris M.D. MR.	25. FUNERAL DIRECTOR'S SIGNATURE James R. Secorin	ADDRESS Vernon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed J. Ann R. Soumier

Licensed Embalmer No. 4880

P. O. Address Verona, Mo.

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

If this body is not embalmed, fact should be so stated above.