

Health, Welfare, Public Service

FILED AUG 19 1957

STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI 28005 REGISTRAR'S No. 792-C

Registration District No. 129 Primary Registration District No. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If instructions Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Buffalo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>330 1/2 South</u>		Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>2 mile east on Hwy</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>HARRY FRANKS Frank</u>			4. DATE OF DEATH Month Day Year <u>Aug. 7, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 2, 1881</u>
9. AGE (In years) <u>75</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Frankes</u>	
13b. MOTHER'S MAIDEN NAME <u>Kath. Mantonya</u>		14. NAME OF HUSBAND OR WIFE <u>Bonnie Frankes</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Bonnie Frankes</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory failure</u> DUE TO (b) <u>Myocardial Thrombosis</u> DUE TO (c) <u>12 hours.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>	
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.)		20c. TIME OF INJURY Hour Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on <u>DEAD WHEN I ARRIVED</u> Death occurred at <u>6:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edith Williams</u> (Degree or title)		22b. ADDRESS <u>Springfield Mo</u>	
22c. DATE SIGNED <u>8-9-57</u>		23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>8/7/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	
23d. LOCATION (City, town, or county) (State) <u>Buffalo, Kansas</u>		24. FUNERAL DIRECTOR <u>Jones of Buffalo, Mo.</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>8-12-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>	

USE COPY OF THIS FORM OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

(Licensed Embalmer'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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Fernand B. Jones* .....

Licensed Embalmer No. *2508* .....

P. O. Address *Buffalo* .....

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

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