

FILED AUG 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28711**

BIRTH NO. _____ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **3041** Registrar's No. **170**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Macon		c. LENGTH OF STAY (in this place) 1 hr.	c. CITY OR TOWN Excello
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) out			

3. NAME OF DECEASED (Type or Print) Bessie Lou Franks		4. DATE OF DEATH July 23, 1957	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping	9. AGE (In years last birthday) 79 if UNDER 1 YEAR Months 10 Days 24 if UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Gabriel M. Walker	13b. MOTHER'S MAIDEN NAME Amy Ann Tedford	14. NAME OF HUSBAND OR WIFE William Nelson Franks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hazel Dudley, Excello, Mo.

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 few hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cermony Fluorobor		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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)	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 **Neph**, 19**56**, to **July 23, 1957**, that I last saw the deceased alive on **July 23, 1957**, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Howard D. Dille, M.D.	(Degree or title)	23b. ADDRESS Macon	23c. DATE SIGNED 7/25/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/26, 1957	24c. NAME OF CEMETERY OR CREMATORY Freindship Cemetery	24d. LOCATION (City, town, or county) (State) Macon County, Mo.
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DATE REC'D BY LOCAL REG. 8/5/57	REGISTRAR'S SIGNATURE Ruth M. Neely	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Jester Brown, Macon, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 *Howard Fryer*

Licensed Embalmer No. *44*

P. O. Address *Malcom*

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.

8-15-57
D.O. HILL