

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017644

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 168

S. 300
v. 1-57

32

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OLEAN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPT		Length of stay in 1b 20 hrs.	d. STREET ADDRESS (If outside, give location) FRANKLIN Township		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ODESSA Middle - Last FRANKLIN			4. DATE OF DEATH Month JUNE Day 5 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 5, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tuscomb, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME DANIEL F. THOMPSON		13b. MOTHER'S MAIDEN NAME MARY M. KALLENBACH		14. NAME OF HUSBAND OR WIFE RUEBEN ALTON FRANKLIN	
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. NONE	17. INFORMANT MAXINE SHAW Address OLEAN, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock due to Hemorrhage from Cerebral Artery					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Common Duct Stone					2 weeks
DUE TO (c) Low K. Prothrombin Time					
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.)		
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 6-4-58 to 6-5-58 and last saw her alive on 6/4/58 Death occurred at 2:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Maxine Shaw		(Degree or title) MD	22b. ADDRESS Jefferson City Mo		22c. DATE SIGNED 6-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 8, 1958	23c. NAME OF CEMETERY OR CREMATOR MT. PLEASANT		23d. LOCATION (City, town, or county) (State) Eldon MO.
24. FUNERAL DIRECTOR Louis S. Phillips		ADDRESS Eldon	25. DATE RECD. BY LOCAL REG. 6 June 1958		26. REGISTRAR'S SIGNATURE R. P. Norris, M.D.

(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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Calder*

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.