

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029091
State File No.

FILED AUG 27 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3840

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
J. B. Willoughby

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 3 YRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HAZELWOOD NURSING HOME		e. STREET ADDRESS (If rural, give location) 3231 PROSPECT	
3. NAME OF DECEASED a. (First) SALLIE		b. (Middle) FRANKLIN	
c. (Last) FRANKLIN		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 10, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4-26-1865
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES QUEST		13b. MOTHER'S MAIDEN NAME Margaret Hourny	
14. NAME OF HUSBAND OR WIFE WILLIAM L. FRANKLIN (DECEASED)		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'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Long, Parkville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis/Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Malnutrition, senility, fibric carcinomatous change II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, senility, fibric carcinomatous change	
INTERVAL BETWEEN ONSET AND DEATH years 42.00 H ?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (m.)	
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 about 1953 to 10 Aug, 1958 that I last saw the deceased alive on 30th 19 58 and that death occurred at 4A m., from the cause and on the date stated above.			
23a. SIGNATURE Margaret Long		23b. ADDRESS 5905 Main St, Kansas City, Mo.	
23c. DATE SIGNED 11 Aug 58		24. LOCATION (City, town, or county) (State) KANSAS CITY, (JACKSON CO. MO.)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-12-58	
24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, (JACKSON CO. MO.)	
DATE REC'D BY LOCAL REG. 8-11-58		REGISTRAR'S SIGNATURE neva minshall	
25. FUNERAL DIRECTOR'S SIGNATURE JULIEN FUNERAL HOME, #1188, OLATHE, KS.		ADDRESS OLATHE, KS.	

STATEMENT BY LICENSED EMBALMER

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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 *Charles L. Hamer*
Licensed Embalmer No. *450*

P. O. Address *Osaka Kan*

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.