

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014301

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville		c. CITY OR TOWN Caruthersville	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1911 Dudley		d. STREET ADDRESS (If outside, give location) 1911 Dudley	

3. NAME OF DECEASED (Type or print) First Paul Middle Franklin Last Franklin			4. DATE OF DEATH Month April Day 25 Year 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Cotton Compress	11. BIRTHPLACE (City and state or country) Yazoo City, Miss.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	--

13a. FATHER'S NAME Benjamin Franklin	13b. MOTHER'S MAIDEN NAME Louise Delaware	14. NAME OF HUSBAND OR WIFE Josephine Leggette
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT Josephine Franklin-Caruthersville, 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) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs.
DUE TO (b) _____		
DUE TO (c) Hypertensive C.V. disease		10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x		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 **4/9/59** to **4/25-59** and last saw her alive on **4-25-59**
Death occurred at **10:50 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. W. Cook, M.D.	22b. ADDRESS Caruthersville, Mo.	22c. DATE SIGNED 4-28-59
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 3, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Paul's	23d. LOCATION (City, town, or county) (State) Rt. 1 Caruthersville, Mo.
--	---------------------------------	---	---

24. FUNERAL DIRECTOR H.S. Smith Funeral Home-C'ville, Mo.	25. DATE RECD. BY LOCAL REG. May 4, 1959	26. REGISTRAR'S SIGNATURE Jessie B. Walker
---	--	--

Health, Welfare Public Service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be inserted. All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

MAY 12 1959

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 *W. Denver Duke*

Licensed Embalmer No. *144917*
P. O. Address *Cynthiansville*

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.