

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014475  
STATE FILE NUMBER

FILED APR 24 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 78

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Rand.</b>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>Moberly</b><br>TOWN  |                                  | c. CITY <b>Clark</b> OR TOWN <b>0890</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>   |                                  | d. STREET ADDRESS (If outside, give location)<br><b>Reside on Farm</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                          |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Henry O.</b> Middle <b>Franks</b> Last <b>Franks</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Apr.</b> Day <b>14</b> Year <b>59</b>        |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4/15/1873</b>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farming</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br><b>86</b>                              |
| 11. BIRTHPLACE (City and state or country)<br><b>Clayton, Illinois</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13. FATHER'S NAME<br><b>Preston Martin Franks</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Martha Ann Jump</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT Address<br><b>Alma A. Moore Wichita, Kan.</b>               |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic gangrene left foot</b><br>DUE TO (b) <b>arteriosclerosis general</b><br>DUE TO (c) <b>4501</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Amputation of left leg about June April 13 1959</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3-4 weeks</b><br><b>Indefinite</b> |
| 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<br>Hour <b>9:55</b> Month, Day, Year <b>April 14 1959</b><br>a. m. <b>P</b><br>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 <b>April 11 59</b> , to <b>April 14 59</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>April 14 59</b><br>Death occurred at <b>9:55 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Clarence C. Capps M.D.</b>   |                                  | 22b. ADDRESS<br><b>317 Virginia, Moberly, Mo. April 15 59</b>   |   |
| 22c. DATE SIGNED  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   |
| 23b. DATE<br><b>4/15/59</b>   |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Corzine Cemetery</b>   |   |
| 23d. LOCATION (City, town, or county)<br><b>Calwell Kansas</b>  |                                  | 23e. (State)  |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Marion E. Million Moberly</b>  |                                  | 25. DATE RECD. BY LOCAL REG. <b>No. 4-15-59</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Leah J. Coe</b>   |                                  |   |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Cenoter cannot certify to a death due to natural causes.

MS APR 27 1959  
MAY 6 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.....  
*Marion E. Miller*

Licensed Embalmer No. 372

P. O. Address MOOREHEAD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.