

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018396

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 81

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Macon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Macon</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>613 E. Union</i>		Length of stay in lb <i>Yrs.</i>	061/0 d. STREET ADDRESS (If outside, give location) <i>613 E. Union</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Edna Louise Franks</i>			4. DATE OF DEATH Month Day Year <i>May 12 1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 30, 1924</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine Operator</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>McGraw-Edison</i>	9c. AGE (In years last birthday) <i>34</i> IF UNDER 1 YEAR: Months Days Hours Min.
10a. FATHER'S NAME <i>Hardy Patrick</i>		10b. MOTHER'S MAIDEN NAME <i>Edna Foree</i>	10c. NAME OF HUSBAND OR WIFE <i>Robert Franks</i>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		12. SOCIAL SECURITY NO. <i>363-28-7630</i>	13. INFORMANT <i>Hardy Patrick</i> Address <i>Macon, Mo.</i>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Extensive Brain Damage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Inst.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>12 G. Shot Gun</i>			
DUE TO (c) <i>Homicide</i>			
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 checked="" 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 <i>7:43 May 12, 59</i>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Macon</i>	COUNTY STATE <i>Macon Mo.</i>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>7:43</i> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lester Hutton</i> (Degree or title) <i>Coroner</i>	22b. ADDRESS <i>Macon, Mo.</i>	22c. DATE SIGNED <i>5/12/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/14/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Macon, Mo.</i>
24. FUNERAL DIRECTOR <i>Lester Hutton</i> ADDRESS <i>Macon Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5/15/59</i>	26. REGISTRAR'S SIGNATURE <i>Ruth M Neely</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 JUN 1

JUN 25 1959

Date Filed 5-29-57

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*
P. O. Address *Macow N*

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.