

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959 / 72

59-032907

Registration District No. _____ Primary Registration District No. 3034 Registrar's No. 73

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Length of stay in 1b 19 Yr.	c. CITY OR TOWN Higginsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ernest Middle Monroe Last Franklin			4. DATE OF DEATH Month 8 Day 28 Year 1959		
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-1897	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 11 Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) Logging		10b. KIND OF BUSINESS OR INDUSTRY Log Mill		11. BIRTHPLACE (City and state or country) Wright County, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Madison Franklin		13b. MOTHER'S MAIDEN NAME Rosie Eaton	
14. NAME OF HUSBAND OR WIFE Lydia Richey 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. 494-12-4767	
17. INFORMANT Mrs. Lydia Franklin Higginsville, 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) Chronic lung disease of undetermined origin		INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from 8-28-59 to 8-28-59 and last saw him ^{born} alive on 8-28-59 Death occurred at 12:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Koppenhaver, M.D. (Degree or title)		22b. ADDRESS Higginsville, Mo.		22c. DATE SIGNED Sept 1959 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-30-1959	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Higginsville, Mo.
24. FUNERAL DIRECTOR F. R. Hoefler Higginsville, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 12. 1959		26. REGISTRAR'S SIGNATURE Lutie Jordan Jordan	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fornet R. Hoefen

Licensed Embalmer No. 480I

P. O. Address Higginsville,

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