

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000502

FILED VS FEB 10 1960

Registration District No. 44 Primary Registration District No. 5749 Registrar's No. 3

STATE FILE NUMBER

ENDED

|   |  |   |  |   |  |   |                              |
|---|--|---|--|---|--|---|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Caldwell</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b> |  |   |                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Gomer Twp.</b>  |  | Length of stay in 1b<br><b>19 Yrs.</b>  |  | c. CITY OR TOWN <b>Hamilton 3Mi. East</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>At Home</b>  |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>Gomer Twp.</b>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                              |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Edgar Lloyd Franklin</b>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>Jan. 25 1960</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>4/29/93</b>  | 9. AGE (last birthday)<br><b>67</b>  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                                  | 11. BIRTHPLACE (City and state or country)<br><b>Phillipsburg, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                              |
| 13a. FATHER'S NAME<br><b>Charles W. Franklin</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Lucy Edmonson</b>                                    |   | 14. NAME OF HUSBAND OR WIFE<br><b>Susie E. Franklin</b>  |   |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  |   | 16. SOCIAL SECURITY NO.<br><b>497-40-6413</b>  | 17. INFORMANT<br><b>Susie E. Franklin</b>   |  | Address<br><b>Hamilton, Mo</b>  |                              |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b><br>DUE TO (b) <b>atherosclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 minutes</b><br><b>10 years</b>              |                              |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                              |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year   |  |   |  |   |  |   |                              |
| 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<br><b>Hamilton Caldwell, Mo.</b>  |  |   |                              |
| 21. I attended the deceased from <b>Jan 19 56</b> to <b>Jan 25, 1960</b> and last saw <sup>her</sup> him alive on <b>1-24-60</b><br>Death occurred at <b>11:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |   |                              |
| 22a. SIGNATURE (Degree or title)<br><b>Frank R. Daley, M.D.</b>   |  |   |  | 22b. ADDRESS<br><b>Hamilton, Mo.</b>  |  | 22c. DATE SIGNED<br><b>1-26-60</b>  |                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>1/28/1960</b>          | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Highland Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Hamilton, Mo.</b>   |  |   |                              |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Morris A. Bram Hamilton, Mo.</b>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>Feb. 4 - 1960</b>                                 |   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |   |                              |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8 1962

**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 Morris A. Braun

Licensed Embalmer No. 3918

P. O. Address Hamlet

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.