

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6584 -60-024497
STATE FILE NUMBER

FILED VS. JUL 12 1960
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Fayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN Ramsey Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JACOB Middle J. Last FRANKLIN			4. DATE OF DEATH Month JUNE Day 28 Year 1960			
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 8-23-1907	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Fayette Co., Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James E. Franklin		13b. MOTHER'S MAIDEN NAME Carolyn Strovel		14. NAME OF HUSBAND OR WIFE Mrs. Mary Franklin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.II		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Mary Franklin Ramsey, Ill.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE LYMPHOCYTTIC LEUKEMIA		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c) 204.3		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LEFT LOWER LOBE BRONCHOPNEUMONIA		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 checked="" type="checkbox"/> NO <input 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 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 **FEB. 9, 1960** to **JUNE 28, 1960** and last saw ^{her}him alive on **JUNE 28, 1960**
Death occurred at **4:30 A.M.** on the date stated above, and to the best of my knowledge, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) FR Bradley F. R. BRADLEY, M.D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 6/28/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-1-1960	23c. NAME OF CEMETERY OR CREMATORY Ramsey Cemetery	23d. LOCATION (City, town, or county) (State) Ramsey, Illinois	
24. FUNERAL DIRECTOR ADDRESS Sturgell F. Home Ramsey, Ill.		25. DATE RECD. BY LOCAL REG. JUN 28 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

BY AFFIDAVIT OF

JUL 29 1960

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY

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 Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kasper, III

Licensed Embalmer No. 11111

P. O. Address E. St. Joe

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.