

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1960

-60-035282

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 203

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN rural - Jackson		Length of stay in 1b 4 mos.		c. CITY OR TOWN Buffalo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fair Acres- Rte 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 Middle Last JOHN W. FRANKLIN				4. DATE OF DEATH Month Day Year October 5, 1960					
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 1-17-1890		9. AGE (last birthday) 70 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Dallas Co, Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Martha Vest			14. NAME OF HUSBAND OR WIFE none			
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. 573-36-1362		17. INFORMANT Address A. B. Franklin, Buffalo, 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) <i>Arteriosclerotic Heart Disease</i>								INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
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"/> N- <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 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 6-22-60 to 9-15-60 and last saw him ^X live on 9-15-60 Death occurred at 5:15 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (In blue or black ink) <i>Richard R. Kohler</i> M.D.				22b. ADDRESS 116 W. 3rd, Carthage, Mo				22c. DATE SIGNED 10-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10-5-60		23c. NAME OF CEMETERY OR CREMATORY <i>Buffalo</i>		23d. LOCATION (City, town, or county) (State) <i>Buffalo Mo.</i>			
24. FUNERAL DIRECTOR KNELL MORTUARY, CARTHAGE, Mo			ADDRESS		25. DATE RECD. BY LOCAL REG. 10-5-1960		26. REGISTRAR'S SIGNATURE <i>WJ Clifton</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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.