RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-043144
STATE FILE NUMBER

FILED VS DEC 9 1960

Registration District No. 294 Primary Registration District No. 3066 Registrar's No. 280

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly
Length of stay in 1b: 9 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Whitaker Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Monroeph
c. CITY OR TOWN: Madison
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: LUCY Middle: GEORGE Last: FRANKLIN
4. DATE OF DEATH: Month: NOV. Day: 25 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-7-1888
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Howard County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jeff Eaton
13b. MOTHER'S MAIDEN NAME: Louisa White
14. NAME OF HUSBAND OR WIFE: Ross Franklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ross Franklin Address: Madison, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Sepsis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomatosis
DUE TO (c): Primary Carcinoma of Breast
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-16-1960, to 11-25-1960 and last saw her/him alive on 11-25-1960
Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. T. Whitaker D. V.
22b. ADDRESS: 205 S. 5th., S., Moberly, Mo
22c. DATE SIGNED: 11/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 27, 1960
23c. NAME OF CEMETERY OR CREMATORY: Perche
23d. LOCATION (City, town, or county) (State): Sw Rucker, Missouri

24. FUNERAL DIRECTOR: Mahan Funeral Service ADDRESS: Moberly
25. DATE RECD. BY LOCAL REG.: Nov 27-1960
REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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_____ Signed John A. Green

Signature of Student Embalmer

Licensed Embalmer No. 3815

P. O. Address Mofenlyn

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