

AMENDED FILED JUN 29 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5938 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3003 A Shanandoah				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3003A Shanandoah				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ELBERT Middle Last FRANKLIN						4. DATE OF DEATH 6-25-1961 Month Day Year							
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 5-19-1882		9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during preceding 12 months) Retired Laborer				10b. KIND OF BUSINESS OR INDUSTRY Varied		11. BIRTHPLACE (City and state or country) Murphysboro Ill			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Eason Franklin				13b. MOTHER'S MAIDEN NAME Virinda Herrin				14. NAME OF HUSBAND OR WIFE Lizzie Crossin Franklin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No No						17. INFORMANT Address Lizzie Franklin 3003 A Shanandoah							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure										INTERVAL BETWEEN ONSET AND DEATH Instant			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease, severe										10 years			
DUE TO (c) 420.0													
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 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 June to 11 to present and last saw him alive on 6-16-61 Death occurred at 8 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. O. Smith M.D.						22b. ADDRESS 1634 N. Grand Ave. Murphysboro Ill			22c. DATE SIGNED 6-26-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-27-1961		23c. NAME OF CEMETERY OR CREMATORY Murphysboro Ill				23d. LOCATION (City, town, or county) (State) Murphysboro Ill					
24. FUNERAL DIRECTOR ADDRESS Wingbermuehle 23819 So Grand Blv						25. DATE RECD. BY LOCAL REG. JUN 26 1961		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.					

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Gregory D. Mylermeier*
Licensed Embalmer No. 4611
P. O. Address 2 Penn 18

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.