

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-038075

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3056 Registrar's No. 247

AMENDED

FILED NOV 2 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | |
|--|--|---|--|---|-------------------|--|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Randolph | | b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly | | a. STATE Missouri | | b. COUNTY Randolph | |
| Length of stay in 1b 3 weeks | | c. CITY OR TOWN Huntsville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitaker Hospital | | | | d. STREET ADDRESS Water Street | | (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 | 4. DATE OF DEATH | |
| Lewis | | | Henry | Franklin | October 20 | | 1961 |
| 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 7-23-1876 | |
| 9. AGE (last birthday) 85 | | IF UNDER 1 YEAR Months | | IF UNDER 24 HR Days | | IF UNDER 1 YEAR Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farming | | 11. BIRTHPLACE (City and state or country) Macon Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY United States | |
| 13a. FATHER'S NAME Oliver Franklin | | | 13b. MOTHER'S MAIDEN NAME Martha Wayland | | | 14. NAME OF HUSBAND OR WIFE Don't know | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | | | 17. INFORMANT Mrs. L.H. Franklin: Huntsville, Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Asphyxia | | | | | | | |
| DUE TO (b) Massive Pulmonary Hemorrhage | | | | | | | |
| DUE TO (c) Bronchiogenic Carcinoma | | | | | | | |
| 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 checked="" 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 <u>1951</u> to <u>10-20-61</u> and last saw him alive on <u>10/20/61</u> Death occurred at <u>10:45</u> 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.O. | | | | 22b. ADDRESS 205 S. 5th., S., Moberly, Mo. | | 22c. DATE SIGNED 10/21/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 10-23-1961 | | 23c. NAME OF CEMETERY OR CREMATORY Hebron Cemetery | | 23d. LOCATION (City, town, or county) (State) near College Mound, Missouri | |
| 24. FUNERAL DIRECTOR T.B. Patton & Sons, Huntsville, Mo | | | | 25. DATE RECD. BY LOCAL REG. 10-23-61 | | REGISTRAR'S SIGNATURE Teabullowe | |

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 Paul Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.