

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008054
STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1763**

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 23 1962	
1. PLACE OF DEATH a. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri	
Length of stay in 1b	
c. CITY OR TOWN Naples	
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 checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 250 1st ave North	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First William Middle H. Last Franklin	
4. DATE OF DEATH	
Month February Day 10 , Year 1962	
5. SEX	6. COLOR OR RACE
Male	White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	5/12/1887
9. AGE (last birthday)	IF UNDER 1 YEAR
74	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
Construction Co.	Vice Pres.
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Eldorado Kansas	U. S. A.
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
John J. Franklin	Adelaide Hawley
14. NAME OF HUSBAND OR WIFE	Helen Franklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
Unknown	Unknown
17. INFORMANT	Address
Unknown	Mrs. Donald M Cress Springfield 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) Coronary Thrombosis	
DUE TO (b) arteriosclerotic heart disease	
DUE TO (c) 4200H	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
Carcinoma of head of the pancreas - One year	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 January 31, 1962 to February 10, 1962 and last saw her/him alive on February 10, 1962 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
F. R. Bradley M.D.	BARNES HOSPITAL
22c. DATE SIGNED	2/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
Burial	2/13 1962
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Oak Ridge Cem	Springfield Ill.
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.
C. R. Lupton and Sons 7233 Delmar	FEB 13 1962
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

FRANKLIN

CITY VISE

MAIL PERMIT

(Signature)

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 Clarence H. Murray
Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.