

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023040  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1102 Registrar's No. 2772

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF John B. Justus MEDICAL CERTIFICATION

<b>FILED JUN 21 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <u>JACKSON</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2826 Campbell</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <u>2801 HARRISON</u>	d. STREET ADDRESS (If outside, give location) <u>2801 HARRISON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>Christie</u>	Middle <u>C.</u> Last <u>FRANKS</u>
4. DATE OF DEATH	
Month <u>MAY</u>	Day <u>22</u> Year <u>1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CACU.</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-22, 1884</u>
9. AGE (last birthday) <u>78</u>	
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) <u>Retired Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (City and state or country) <u>Moundville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abraham FRANKS</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH COVER</u>	
14. NAME OF HUSBAND OR WIFE <u>Edith FRANKS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT <u>Newell FRANKS</u> Address <u>2801 HARRISON</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Pulmonary Infarction</u>	
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"/> 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>1958 June to May 22, '62</u> and last saw him alive on <u>May 22, '62</u>	
Death occurred at <u>5:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John B. Justus M.D.</u> (Degree or title)	
22b. ADDRESS <u>4620 Nichols Pkwy K.C. MO 64110</u>	
22c. DATE SIGNED <u>5-22-62</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>5-25-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Welborn Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Moundville Mo.</u>	
24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 Troost</u>	
25. DATE RECD. BY LOCAL REG. <u>5-23-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>	

Dr Justus  
4620 Nichols Pkwy  
JE 1-1500  
11 30 40/12/20

**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 Danny C. Kearns, Student Embalmer No. 647

working under my personal supervision.

Student Danny C. Kearns  
Signature of Student Embalmer

Signed L. D. Nelson

Licensed Embalmer No. 4421

P. O. Address K.C., 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.