

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012656

FILED APR

6 1962

318

1003

3429

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN 5 mi. southeast Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific		d. STREET ADDRESS (If outside, give location) Route 2	
3. NAME OF DECEASED (Type or print) First RUSSELL Middle GEORGE Last FRANKLIN		4. DATE OF DEATH Month March Day 31 Year 1962	
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 8/16/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Railroad Worker		10b. KIND OF BUSINESS OR INDUSTRY Farm & Railroad	11. BIRTHPLACE (City and state or country) Pettis County, Mo.
13a. FATHER'S NAME George Franklin		13b. MOTHER'S MAIDEN NAME Ida May McCune	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-16-3221	
17. INFORMANT George Franklin, Sedalia, Mo.		14. NAME OF HUSBAND OR WIFE Edith Mae Franklin	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic Renal Insufficiency DUE TO (c) Bilateral Staghorn Renal Calculi, large PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 602x			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 March 13, 1962 to March 31, 1962 and last saw him alive on March 30, 1962		
21. I attended the deceased from March 13, 1962 to March 31, 1962 and last saw him alive on March 30, 1962 Death occurred at 1:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. E. [Signature] (Degree or title) M.D.		22b. ADDRESS 1755 S. Grand Blvd.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-31-62	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	23d. LOCATION (City, town, or county) (State) Pettis County Missouri
24. FUNERAL DIRECTOR D.W. Heckart, Sedalia, Mo	25. DATE RECD. BY LOCAL REG. MAR 31 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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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

John R. Farmer

Licensed Embalmer No. 5173

P. O. Address

Salina 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.