

FILED NOV 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. **36275**

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>	
c. LENGTH OF STAY (in this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>C</u>	c. (Last) <u>Franklin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1949.</u>
-------------------------------------	---------------------------	----------------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 29 1864</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	11. UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Winniesheik Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Not known</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Not known</u>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Not known</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Bagan, Adrian Mo.</u>	ADDRESS <u></u>
---	---------------------------------	--	-----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Suicide by self inflicted gunshot 22 caliber pistol</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2 shots fired one entering chest above heart and one at the right temple,</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Dead on arrival -</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Adrian, Bates Mo.</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 9, 19, to 9, 19, that I last saw the deceased alive on 9, 19, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John G. Underwood Coroner</u>	23b. ADDRESS <u>Butler Missouri</u>	23c. DATE SIGNED <u>11/23/49</u>
---	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-26-49</u>	REGISTRAR'S SIGNATURE <u>Myra Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Creath & Sif</u>	ADDRESS <u>Adrian Mo.</u>
--	---	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 10-29-1381

Date Filed 11-28-29

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
Student Embalmer

Signed _____ *Adrian Ma*

Licensed Embalmer No. 3650

P. O. Address Adrian Ma

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 this body is not embalmed, fact should be so stated above.