No. 300
10-48

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34288

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 34

0760
3

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

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crawford Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway # 89

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crawford Township 0760
d. STREET ADDRESS (If rural, give location): Linn, Mo. R D

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Josephine
c. (Last): Frank

4. DATE OF DEATH (Month) (Day) (Year): Oct 7th, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 5/26/1950
9. AGE (In years last birthday): If under 1 year: Months 4, Days 11; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): El Paso, Texas
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Jos D . Frank
13b. MOTHER'S MAIDEN NAME: Margie Markway
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jos D. Frank . Linn, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries received in Auto accident on Highway # 89

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Internal)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E 8 [illegible] / V 32

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 076
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE X (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): # 89 Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Linn Osage County Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 7, 1950 . 4 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Automobile Accident on Highway

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

23a. SIGNATURE (Degree or title): Clyde Morton Coroner
23b. ADDRESS: Linn, Mo.
23c. DATE SIGNED: 10/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/10/50
24c. NAME OF CEMETERY OR CREMATORY: St. George Cemetary
24d. LOCATION (City, town, or county) (State): Linn, Mo.

DATE REC'D BY LOCAL REG.: Oct 14-1950
REGISTRAR'S SIGNATURE: TA Dubrouillet 235 n
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clyde Morton Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 16 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Vernon M. Morton

Signed .....
Student Embalmer

Licensed Embalmer No. 4425

P. O. Address Linn Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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