

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **371**
Registralr's No. **371**

BIRTH NO. **93701-51** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

124

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

1. PLACE OF DEATH a. CITY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chapine	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff c. LENGTH OF STAY (In this place) 2 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Williamsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) ROSIE (Type or Print)		b. (Middle) LEE c. (Last) FRANKLIN	
4. DATE OF DEATH (Month) (Day) (Year) 1/2/52		5. SEX Female 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) (Widowed)		8. DATE OF BIRTH 12/19/51	
9. AGE (In years last birthday) 0 UNDER 1 YEAR Months 14 Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION (Retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ferry E. Franklin		13b. MOTHER'S MAIDEN NAME Helen Warden	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Perry Franklin ADDRESS Williamsville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cere maturity ANTECEDENT CAUSES DUE TO (b) Cere maturity Labor DUE TO (c) 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		776X	
22. I hereby certify that I attended the deceased from 12-19 , 1951, to Jan 2 , 1952, that I last saw the deceased alive on Jan 2 , 1952, and that death occurred at 12:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Johnson, M.D. (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 1/3/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/4/52		24c. NAME OF CEMETERY OR CREMATORY Williamsville	
24d. LOCATION (City, town, or county) (State) Williamsville, Mo.		DATE REC'D BY LOCAL REG. Jan 4-1951	
REGISTRAR'S SIGNATURE Wm. H. Johnson 428		25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. Bowes ADDRESS Greenville, Mo.	

RECEIVED
JAN 8 1952
BUTLER CO. HEALTH CENTER
FILE No. 152-17

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.....

me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Marvin E. Bowler

Licensed Embalmer No. *426*

P. O. Address *Piedmont, N.C.*

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.