

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1885**

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5646** Registrar's No. **108**

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Logan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Logan	
d. FULL NAME OF HOSPITAL OR INSTITUTION BUCK PRAIRIE TRCP		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Christian c. (Last) Franzen			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1952
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 2, 1881
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 1 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter & painter		10b. KIND OF BUSINESS OR INDUSTRY carpentry	11. BIRTHPLACE (State or foreign country) Brooklyn, N. Y.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME not known	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Lula Franzen,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Navy WW I		16. SOCIAL SECURITY NO. 491-05-3947	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lula Franzen, Logan, 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) arterial sclerosis 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 4201	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?	
22. I hereby certify that I attended the deceased from after death , 19____, to _____, 19____, that I last saw the deceased alive on 1/5 , 19 52 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Herman Surridge, Baron		23b. ADDRESS Marionville, Mo.	23c. DATE SIGNED 1/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Aurora, Mo.
DATE REC'D BY LOCAL REG. Jan 5-52	REGISTRAR'S SIGNATURE Ora Mc Nott 157-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Surridge, Marionville, Mo.	

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 Ferman Hurdidge

Licensed Embalmer No. 3072

P. O. Address Marionville, 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 this body is not embalmed, fact should be so stated above.