

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3693

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4514 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milam</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milam</u>		10571	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Clark</u>	c. (Last) <u>Franklin</u>	4. DATE OF DEATH	(Month) (Day) (Year) <u>1 4 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-9-1875</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>76</u>	<u>5</u> Days	<u>23</u> Hours
10a. USUAL OCCUPATION (Give most of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>O. Clark Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Shaw</u>		14. NAME OF HUSBAND OR WIFE <u>Mary C. Franklin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois Harris Milam Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>	ANTECEDENT CAUSES					<u>5 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Coma &amp; Malnutrition</u>					<u>9 days</u>
	DUE TO (c) <u>Fracture right femur</u>					<u>14 days</u>
II. OTHER SIGNIFICANT CONDITIONS	<u>Pernicious anemia, known lyr., arteriosclerosis &amp; hypertension</u>					<u>10 yrs</u>
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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>12-31, 1951</u> and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Joseph E. Prior, D.O.</u>			23b. ADDRESS <u>116 1/2 E. 3rd St., Milam, Mo.</u>		23c. DATE SIGNED <u>1-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Milam Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 19-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u>		ADDRESS <u>Milam Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Dwight Schaefer*

Licensed Embalmer No. *2667*

P. O. Address *Wilkes - Pa*

**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.