

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11963

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5087 Registrar's No. \_\_\_\_\_

070

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

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>RURAL HOWARD TWP.</u>	c. LENGTH OF STAY (In this place) <u>20 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0070</u> OR TOWN <u>RURAL HOWARD TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MILE NORTH HUME.</u>		d. STREET ADDRESS (If rural, give location) <u>6 MILES EAST OF HUME.</u>	

3. NAME OF DECEASED (Type or Print) <u>HARRIET-DELMA-FRANKLIN.</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-5-1952.</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH-19-1878</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE.</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOSEPH SHEPHERD.</u>	13b. MOTHER'S MAIDEN NAME <u>MILDRED BENTON.</u>	14. NAME OF HUSBAND OR WIFE <u>EURENE FRANKLIN (DECEASED)</u>
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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. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Must Mary Davis Foster, Mo.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</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>4210</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug, 1950, to May 5<sup>th</sup>, 1957, that I last saw the deceased alive on May 5, 1957, and that death occurred at 209<sup>th</sup> m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm H Allen M.D.</u>	(Degree or title)	23b. ADDRESS <u>Hume, Mo.</u>	23c. DATE SIGNED <u>5/6/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY-7-1952.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HUME CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HUME, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>May 8</u>	REGISTRAR'S SIGNATURE <u>Fern H Martin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>South Funeral Serv. Paul Dix, Mo.</u>	ADDRESS
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**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.....

*Robert G. Steinbeck*

Licensed Embalmer No. *4657*.....

P. O. Address *Butte, 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.