

No. 300  
10.48

FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19985

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 30

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Douglas   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Douglas 1340 |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location)   |  |

|                                     |                      |                    |                    |                  |            |           |           |
|-------------------------------------|----------------------|--------------------|--------------------|------------------|------------|-----------|-----------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Jessie A. | b. (Middle) Barnes | c. (Last) Franklin | 4. DATE OF DEATH | (Month) 6- | (Day) 16- | (Year) 52 |
|-------------------------------------|----------------------|--------------------|--------------------|------------------|------------|-----------|-----------|

|                |                        |  |                          |                                    |                        |                        |                       |
|----------------|------------------------|--|--------------------------|------------------------------------|------------------------|------------------------|-----------------------|
| 5. SEX F. Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH 7-20-78 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------|------------------------|--|--------------------------|------------------------------------|------------------------|------------------------|-----------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and State or Foreign Country) LaPorte, Ind. | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|--|----------------------------------|

|                    |                           |  |
|--------------------|---------------------------|--|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE James Ray Franklin |
|--------------------|---------------------------|--|

|   |                              |  |
|---|------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) N O | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME <i>John R. Franklin</i> ADDRESS Ava, Mo. |
|---|------------------------------|--|

|   |  |                                       |   |       |
|---|--|---------------------------------------|---|-------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |                                       | INTERVAL BETWEEN ONSET AND DEATH<br>3 1/2 hrs |       |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction   | DUE TO (b) Chronic Glomerulonephritis |   | 8 yrs |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) Chronic Hypertension |                                       |   | 8 yrs |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |                                       |   |       |

|                        |                                       |  |
|------------------------|---------------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 592X | 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) m. | 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 2-7-1946 to 6-16-1952, that I last saw the deceased alive on 4-15-1952 and that death occurred at 7:45 p.m., from the causes and on the date stated above.

|  |                       |                          |
|--|-----------------------|--------------------------|
| 23a. SIGNATURE Mr. C. Bentley (Degree or title) M.D. | 23b. ADDRESS Ava, Mo. | 23c. DATE SIGNED 6-18-52 |
|--|-----------------------|--------------------------|

|  |           |   |   |
|--|-----------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY, Ava | 24d. LOCATION (City, town, or county) (State) Ava, Missouri |
|--|-----------|---|---|

|                                    |   |  |         |
|------------------------------------|---|--|---------|
| DATE REC'D BY LOCAL REG. July 9-52 | REGISTRAR'S SIGNATURE <i>Estel Bunker</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Linkingbeard Funeral Home, Ava, Mo. | ADDRESS |
|------------------------------------|---|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

340

**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 Charles R. Fisk

Licensed Embalmer No. 4662

P. O. Address Avon, 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.