

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35581

FILED NOV 15 1952

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5664 Registrar's No. 101

0560

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

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL REDDISH</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL REDDISH</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. east MIDWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. east MIDWAY</u>		e. STREET ADDRESS (If rural, give location) <u>3 mi. east MIDWAY</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BUELAH</u>	b. (Middle) <u>OTALEE</u>	c. (Last) <u>FRANKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 30, 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>MARRIED</u>	8. DATE OF BIRTH <u>12/15/97</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>XXXXXXXXXX</u>	11. BIRTHPLACE (State or foreign country) <u>KNOX CO. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES BOONE</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY PLUNKETT</u>	14. NAME OF HUSBAND OR WIFE <u>ROY FRANKS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>XXXXXXXXXXXX</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROY FRANKS</u>	ADDRESS <u>LEWISTOWN, MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Original site of cancer was right breast, which was removed 13 years ago</u> DUE TO (c) <u>removed 13 years ago</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	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) m.	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. 11, 1939, to Oct. 30, 1952, that I last saw the deceased alive on Oct. 29, 1952, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry L. W. Brockus D.O.</u>	23b. ADDRESS <u>La Belle, Missouri</u>	23c. DATE SIGNED <u>10/31/52</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/1/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MIDWAY</u>	24d. LOCATION (City, town, or county) (State) <u>MIDWAY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11-3-52</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. ...</u>	ADDRESS <u>LEWISTOWN, MO.</u>
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(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 Charles J. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.