

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39748**

DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) Buffalo St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print) SHERIDAN	a. (First)	b. (Middle)	c. (Last) FRANKLIN	4. DATE OF DEATH NOV. 28, 1952
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR	IF UNDER 24 HRS.
			Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	11. BIRTHPLACE (State or foreign country) Clarksville, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME James Franklin	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Nettie Franklin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mettie Franklin, Louisiana, MO.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hulmonary Embolism		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombo phlebitis DUE TO (c) Rt. lower extremity		
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 464X	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 **11-15, 1952**, to **11-28, 1952**, that I last saw the deceased alive on **11-28, 1952**, and that death occurred at **10:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Jewell (Degree or title) M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 12-1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/2/52	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL REG. Dec. 6/1952	REGISTRAR'S SIGNATURE Bernice Callier 374	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, MO.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1953 FEB 8

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 Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Levinia, 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.