

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17853

State File No. _____

FILED JUN 1 1956

Registrar's No. **4850**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 4850		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN Festus		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 410 Edward Street						
3. NAME OF DECEASED (Type or Print) a. (First) Stella			b. (Middle) Mary			c. (Last) Franklin			4. DATE OF DEATH (Month) (Day) (Year) May 19, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-4-1894		9. AGE (In years last birthday) 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Moreau Island, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Felix Laburay			13b. MOTHER'S MAIDEN NAME Lucille Brown			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Felix Franklin, Festus, Missouri					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma - Multiple Myeloma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 months		
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) _____		203x				
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 _____						
22. I hereby certify that I attended the deceased from March 23 1956 , to May 19 , 1956, that I last saw the deceased alive on May 19, 1956 , and that death occurred at 2:05P m. , from the causes and on the date stated above.										
23a. SIGNATURE JR Brundley (Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 5/19/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-22-56		24c. NAME OF CEMETERY OR CREMATORY Gamel Cemetery		24d. LOCATION (City, town, or county) (State) Festus Missouri				
DATE REC'D BY LOCAL REG. MAY 21 1956		REGISTRAR'S SIGNATURE Carl Smith Mo.			25. FUNERAL DIRECTOR'S SIGNATURE Gentry Politte, Crystal City, Mo. ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed.....
L. P. Cooper

Licensed Embalmer No. *362*

P. O. Address *2311 Kefauver*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.