

Health, Welfare, Public Service, 000, 1-56, 300, 0, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 1957

57022214
STATE FILE NUMBER

Registration District No. 359 Primary Registration District No. 6222 Registrar's No. 9

| | | | | | | | | | |
|---|-------------------------------|---|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moundville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Moundville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>/Mt. No. 1, Mt. W.</u> | | | Length of stay in 1b <u>72 yrs -</u> | | d. STREET ADDRESS <u>/Mt. No. 1, Mt. W.</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Blanche</u> Middle <u>FRANKS</u> Last <u>FRANKS</u> | | | | 4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1957</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>11 June 1885</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and state or country) <u>Vernon Co., Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 13. FATHER'S NAME <u>DAVID SHUTE</u> | | | | | |
| 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>491-44-2664</u> | | 17. INFORMANT <u>Charles FRANKS</u> Address <u>Moundville, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Infarction</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease & Arteriosclerosis</u> | | | | | | | | | |
| DUE TO (c) _____ | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>left Hemophagia and was sent to the hospital.</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | | | |
| 21. I attended the deceased from <u>Mar. 19, 1948</u> to <u>May 21, 1957</u> and last saw <u>her</u> alive on <u>May 21, 1957</u> Death occurred at <u>1:15</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 22b. ADDRESS <u>Moore Bldg. - Nevada, Mo.</u> | | 22c. DATE SIGNED <u>6-14-1957</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>14 June</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Welborn Cem.</u> | | 23d. LOCATION (City, town, or county) (State) | | | | | |
| 24. FUNERAL DIRECTOR <u>Shovien Funeral Home</u> ADDRESS <u>Nevada, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>June 29-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lloyd C McCondy*.....

Licensed Embalmer No. *485*

P. O. Address *Nevada,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.