

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36390**  
 Registrar's No. **223**

FILED OCT 29 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>17 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1324 River Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>McCune-Brooks Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b>		b. (Middle) <b>Monroe</b>		c. (Last) <b>Franklin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 24 - 57</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Sept. 21, 1909</b>		9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miller</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Milling</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Aurora Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Oscar A. Franklin</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby Forrester</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>564-12-0094</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Mrs. Ruby Franklin, 1324 River</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>13 or 14 hrs</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> 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 **12/22, 1949**, to **10/24, 1957**, that I last saw the deceased alive on **10/24, 1957**, and that death occurred at **11:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Russell Smith M.D.</b>		23b. ADDRESS <b>304 Grant, Carthage, Mo.</b>		23c. DATE SIGNED <b>10/25/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 28, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>10-26-57</b>		REGISTRAR'S SIGNATURE <b>Edw. Clutter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KNELL MORTUARY, Carthage, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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County File Number - 28 1957 57-10-8 27  
Date Filed

JAN 23 1958  
JAN 15 1958

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..... *O. L. Isbell* .....

Licensed Embalmer No... 4970

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