

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS APR 25 1960

60-015315
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 1955

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If outside, give location) <u>4514 BENTON BLVD</u>	
Length of stay in 1b <u>21 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>RODOLPH</u> Middle <u>J.</u> Last <u>FRANKLIN</u>				4. DATE OF DEATH Month <u>APRIL</u> Day <u>4</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-7-98</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>		11. BIRTHPLACE (City and state or country) <u>NASHVILLE TENN.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES FRANKLIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA CHANEY</u>		14. NAME OF HUSBAND OR WIFE <u>LULA FRANKLIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>49503-4331</u>		17. INFORMANT Address <u>LULA FRANKLIN K.C.MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>	
IMMEDIATE CAUSE (a) <u>ACUTE CORONARY THROMBOSIS</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (b). DUE TO (b) <u>CORONARY ARTERIO-SCLEROSIS</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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m.		Month, Day, Year <u> </u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>April 3, 1960</u> to <u>April 4, 1960</u> and last saw ^{her} him alive on <u>April 4, 1960</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert Jansen. M.D.</u>				22b. ADDRESS <u>101 E 634 St.</u>		22c. DATE SIGNED <u>4-5-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-6-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H. TIGERMAN & SONS K.C.MO.</u>				25. DATE RECD. BY LOCAL REG. <u>4-6-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Robert Jansen

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed H. Le Roy Rooney

Licensed Embalmer No. 4776
P. O. Address K.C.M.

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.