

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. DEC 20 1960

=60-046881

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery</u>		c. CITY OR TOWN <u>Montgomery City Mo</u>	
Length of stay in 1b <u>2 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Swearingen Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>none</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Louie</u> Last <u>Franklin</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>6</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>12-15-78</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Americus Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>John A. Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Wetheford</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Franklin</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>None</u>	17. INFORMANT Address <u>Mo</u> <u>Maude Franklin Montgomery City</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
IMMEDIATE CAUSE (a) <u>Coronary Embolism with Occlusion</u>		<u>5 Min.</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>5 yrs.</u>
DUE TO (c) <u>Myocardial degeneration, generalized arteriosclerosis, chronic nephritis, senility</u>		

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	
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19. WAS AUTOPSY PERFORMED? 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 <u> </u> a.m. <u> </u> p.m. <u> </u> 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 June 20, 1955 to Dec. 6, 1960 and last saw her alive on Dec. 2, 1960
 Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. H. Thompson D.O.</u> (Degree or title)		22b. ADDRESS <u>New Florence, Mo.</u>		22c. DATE SIGNED <u>12/8/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>AMERICUS MO "WEST"</u>	
24. FUNERAL DIRECTOR <u>C. H. Thompson</u>		25. DATE RECD. BY LOCAL REG. <u>12-13-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. John W. [Signature]</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by on the 6 th Day of Dec 1960, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

Montgomery City Mo
P. O. Address _____

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.

60-21-21