URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 9 1960

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STATE FILE NUMBER

NDED

Registration District No. 274 Primary Registration District No. 302 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia, Mo. — Length of stay in 1b: 8 Years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits Yes ☒ No ☐	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis c. CITY OR TOWN Sedalia, Mo. — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) 806 East 5th St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: HELEN	Middle: E.	Last: FRANKLIN	4. DATE OF DEATH Month, Day, Year: December 18, 1960				
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH: Aug. 20, 1914	9. AGE (last birthday): 46	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (City and state or country): Gravois Mills, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: Barton D. Shephard	13b. MOTHER'S MAIDEN NAME: James	14. NAME OF HUSBAND OR WIFE: Amos E. Franklin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Daniel Hern-Rt. 4, Sedalia, Mo.	Address				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sub Arachnoid Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Ruptured Aneurism

~~DUE TO (c)~~ Left middle Cerebral Artery Brain

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec-18 to Death and last saw him alive on Dec-18-1960

Death occurred at 8:10 PM-DEC-18 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Karl B Gomer (Degree or title) MD	22b. ADDRESS: Sedalia Mo.	22c. DATE SIGNED: 19 Dec 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: December 20, 1960	23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State): Sedalia, Mo.
24. FUNERAL DIRECTOR: D.W. Heckart	ADDRESS: Gillespie Funeral Home Sedalia, Missouri	25. DATE RECD. BY LOCAL REG.: 12-20-1960	26. REGISTRAR'S SIGNATURE: Frances L Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 29 1960

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard D. Conn

Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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