

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009119

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 538

FILED FEB 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay, Mo.		Length of stay in 1b 8 days	c. CITY OR TOWN Chillicothe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Chillicothe
3. NAME OF DECEASED (Type or print) First Dominick Middle Patrick Last Franklin			4. DATE OF DEATH Month February Day 12 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/23/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (last birthday) 75
11a. BIRTHPLACE (City and state or country) Livingston Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Edward Franklin		13b. MOTHER'S MAIDEN NAME Mary Hogan	14. NAME OF HUSBAND OR WIFE Nil.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Gus Hogan, Chillicothe, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYO CARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 10 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALISED + CORONARY ATHEROSCLEROSIS			
DUE TO (c) DIABETES MELLITUS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RIGHT LUNG FIBROSIS			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 --- Month, Day, Year ---			
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 Chillicothe COUNTY Livingston STATE Mo.
21. I attended the deceased from 2/4/62 to 2/12/62 and last saw him alive on 2/12/62 . Death occurred at 2/12/62 5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. William Dummerston MD (Degree or title)		22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 2/13/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-13-62	23c. NAME OF CEMETERY OR CREMATORY Leopolis Cemetery	23d. LOCATION (City, town, or county) Chillicothe, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. 2-14-62	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

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 Harvey Hall

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.