

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019718

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 138 Primary Registration District No. 2000 Registrar's No. 696

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 20 1963

VS 300.
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		c. CITY OR TOWN Dallas	
Length of stay in 1b 79 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. S. Medical Center		d. STREET ADDRESS (If outside, give location) Dallas	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Cecil Franklin			4. DATE OF DEATH Month Day Year May 9 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-10-04
9. AGE (last birthday) 58		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housepainter		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and state or country) Temple, Texas
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John William Franklin, Dcd.	
13b. MOTHER'S MAIDEN NAME Mary Ellen Wilson (deceased)		14. NAME OF HUSBAND OR WIFE Opal Offield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. 02	
17. INFORMANT MCFFP Files, Springfield, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia			INTERVAL BETWEEN ONSET AND DEATH Months
DUE TO (b) Carcinomatosis			Months
DUE TO (c) Bronchogenic carcinoma			1 year
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"/> 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 a.m. p.m. 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	COUNTY	STATE
21. I attended the deceased from Feb. 19, 1963 to May 9, 1963 and last saw ^{her} alive on May 9, 1963 Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jesse D. Harris, M.D. Clinical Director		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 5/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-1963	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR W.B. Cantrell Republic, Mo.		25. DATE RECEIVED BY LOCAL REG. 5-16-63	26. REGISTRAR'S SIGNATURE Effie J. Melton <i>EW</i>

Jesse D. Harris, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

Permit 5-13-63

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 William B. Bentall

Licensed Embalmer No. 4850

P. O. Address Republic, 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.