

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028310  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4021

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 6 1963**

|                     |  |  |
|---------------------|--|--|
| VS 300<br>Rev. 4/59 | DATE AMENDED   |  |
| 1                   | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS<br>INSTEAD OF |  |
| 2 <u>3198</u>       |  |  |
| 3                   |  |  |
| 4 <u>0</u>          |  |  |
| 5 <u>3</u>          |  |  |
| 6                   |  |  |
| 7 <u>1</u>          |  |  |
| 8 <u>2</u>          |  |  |
| 9 <u>287X</u>       |  |  |
| 10                  |  |  |
| 11                  |  |  |
| 12 <u>292-0</u>     |  |  |
| 13                  |  |  |
|                     | DOCUMENT   |  |
|                     | MEDICAL CERTIFICATION                                  |  |
|                     | BY AFFIDAVIT OF  |  |

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>   |   | c. CITY OR TOWN <b>Kansas City</b>  |  |
| Length of stay in 1b <b>44 yrs.</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF DECEASED (If NOT in hospital, give location)<br><b>DOA General Hospital</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>3850 E. 9th Terr.</b>   |  |
| 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)<br><b>RUSSELL JOSEPH FRANKA</b>   |   |   | 4. DATE OF DEATH<br><b>July 16, 1963</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-21-1906</b>   |
| 9. AGE (last birthday)<br><b>56</b>   |   | IF UNDER 1 YEAR IF UNDER 24 HR.<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clerk</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Parcel Post</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Ames, Iowa</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>Joseph T. Franka</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Julia Roland</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>—</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW II</b>  |   | 16. SOCIAL SECURITY NO. <b>[REDACTED]</b>   |  |
| 17. INFORMANT<br><b>Julia Franka, 3850 E. 9th Terr. K.C.</b>  |   | Address <b>MO</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute coronary thrombosis</b><br>DUE TO (b) <b>Hypertensive heart disease</b><br>DUE TO (c) <b>alcohol</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>30-40 hrs</b><br><b>2 years</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <b>1957</b> to <b>7-16-63</b> and last saw him alive on <b>7-9-63</b><br>Death occurred at <b>1:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>John T. Skinner M.D.</b>   |   | 22b. ADDRESS<br><b>1102 Grand K.C.MO</b>  | 22c. DATE SIGNED<br><b>7-17-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>7-19-63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Sheil Funeral Home, Kansas City, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-17-63</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

**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 Thomas B. Smith

Licensed Embalmer No. 4954

P. O. Address PCMO

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.