

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 86 STATE FILE NUMBER 63-032079

FILED AUG 26 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission)	
a. COUNTY <u>Howard</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		c. CITY OR TOWN <u>Higbee</u>	
Length of stay in 1b <u>9 days</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>Keller Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R. R. #5</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>MAUDE</u>	Middle <u>ANN</u>	Last <u>FRANKLIN</u>	Month <u>Aug.</u>	Day <u>12,</u>	Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/28/92</u>	9. AGE (last birthday) <u>70</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>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Howard Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John W. Franklin</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Dougherty</u>	14. NAME OF HUSBAND OR WIFE <u>Clitis Franklin Higbee, Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>
17. INFORMANT <u> </u>		Address <u> </u>

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:		<u>6m.</u>
IMMEDIATE CAUSE (a) <u>Carcinomatous</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <u> </u>		
DUE TO (c) <u> </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.
<u> </u>	<input type="checkbox"/> Yes <input checked="" 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 <u> </u> s.m. <u> </u> p.m. <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.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u>Fayette, Mo</u>	COUNTY <u> </u>	STATE <u> </u>
21. I attended the deceased from <u>2/18/63</u> to <u>8/12/63</u> and last saw her <u> </u> alive on <u>8/12/63</u>			
Death occurred at <u>1:53 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>M. P. Pheasant</u> (Degree or title)	22b. ADDRESS <u>Fayette, Mo</u>	22c. DATE SIGNED <u>8-14-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u>	23b. DATE <u>8/14/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Fayette, Missouri</u> (State)
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24. GENERAL DIRECTOR <u>Ralph A. Carr</u> ADDRESS <u>Fayette, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-14-63</u>	26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>
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VS 300
Rev. 4/59

DATE AMENDED

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12 2.0

13 1.0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 8-16-63

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,

~~by~~ _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.