

STANDARD CERTIFICATE OF DEATH

5838

State File No.

MAR 3 1952

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Risco.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Risco.</u> <u>1923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>		d. STREET ADDRESS (If rural, give location) <u>6</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARtha</u>	b. (Middle) <u>ANN.</u>	c. (Last) <u>FRENCH.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-17-52</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>	8. DATE OF BIRTH <u>MARCH-19-1867</u>	9. AGE (In years last birthday) <u>85</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>HARRISBURG Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>ZACHARIAH BEAL</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE BEAL</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE FRENCH.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>No.</u> ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1948 to Feb 17, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. George W. Heister M.D.</u>	23b. ADDRESS <u>Jarman Mo.</u>	23c. DATE SIGNED <u>Feb 18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR NEW MADRID, MO.</u>
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DATE REC'D BY LOCAL REG. <u>2/18/52</u>	REGISTRAR'S SIGNATURE <u>Dr. George W. Heister</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undert Co.</u> ADDRESS <u>New Madrid Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.