

FILED NOV 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35970

850

BIRTH NO. 70837 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION DR Mahabovich Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY Pulaski
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker 0750
d. STREET ADDRESS (If rural, give location) Crocker

3. NAME OF DECEASED
a. (First) Jimmy b. (Middle) c. (Last) French
4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1952

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH Oct 27-1952 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 2 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Raymond French 13b. MOTHER'S MAIDEN NAME Yukiko Yoshii 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Raymond French ADDRESS Crocker MO

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COAGULATION OF BLOOD 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. INTERVAL BETWEEN ONSET AND DEATH Birth

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7545 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct 27, 1952, to Oct 27, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE John A. Mahabovich D.O. (Degree or title) 23b. ADDRESS Crocker Mo. 23c. DATE SIGNED 10-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Oct 28-1952 24c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery 24d. LOCATION (City, town, or county) (State) Iberia Missouri

DATE REC'D BY LOCAL REG. 10-27-52 REGISTRAR'S SIGNATURE Registrar's Signature 458 25. FUNERAL DIRECTOR'S SIGNATURE Hedges FUNERAL HOME ADDRESS Crocker MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-27-52
Pulaski County Health Officer
File Number 11-1-52
Date Filed 11-1-52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence Shover

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, Miss

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.