

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41798

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 16

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) <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u> <u>0721</u>	
c. LENGTH OF STAY (in this place) <u>45 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Morris</u> b. (Middle) <u>Frankle</u> c. (Last) <u>Frankle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 13, 1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Ginning</u>	11. BIRTHPLACE (State or foreign country) <u>Memphis, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Mendel Frankle</u>	13b. MOTHER'S MAIDEN NAME <u>Sina Falkoff</u>	14. NAME OF HUSBAND OR WIFE <u>Sue Frankle</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>2nd World War</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Julie Frankle</u>	ADDRESS <u>New Madrid, Mo.</u>
---	--	---	-----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No Medical attendant</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>death was due to</u>		
	DUE TO (c) <u>acute myocarditis</u>		
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>431X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

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) (m.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Leo H. Hedges, Coroner</u>	(Degree or title)	22b. ADDRESS <u>New Madrid, Mo.</u>	22c. DATE SIGNED <u>Dec 25 54</u>
---	-------------------	--	--------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>Dec. 26, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baron Hirsch</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis, Tenn.</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>59 Jan 55</u>	REGISTRAR'S SIGNATURE <u>Tommy L. Roberts</u>	512	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo Hedges</u>	ADDRESS <u>New Madrid, Mo.</u>
--	--	-----	---	-----------------------------------

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

721

3

FEB 28 1955

---

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 Jimmy K. Doherty

Licensed Embalmer No. 48861

P. O. Address New Madrid, 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 this body is not embalmed, fact should be so stated above.