FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9924

BIRTH NO. 1 REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Como
c. LENGTH OF STAY (In this place): 15 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Como Twp
d. STREET ADDRESS (If rural, give location): Mile North of Hiway 62 on ditch 6

3. NAME OF DECEASED (Type or Print)
a. (First): Izoria
b. (Middle):
c. (Last): French

4. DATE OF DEATH (Month) (Day) (Year): 4 - 4 - 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1886-3-4
9. AGE (In years last birthday): 70-1-0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Washington
13b. MOTHER'S MAIDEN NAME: Jane Latham
14. NAME OF HUSBAND OR WIFE: Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Harold Kearter - Parma Mo R2 — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carney Throbbers, — INTERVAL BETWEEN ONSET AND DEATH: 2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Over Weight — 10 yrs
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: 4201
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) m.
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* 3-28, 1956, *to* 4-4, 1956, *that I last saw the deceased alive on* 3-28-, 1956, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Cachtiss Ill
23b. ADDRESS: Malden Mo
23c. DATE SIGNED: 4-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-6-56
24c. NAME OF CEMETERY OR CREMATORY: Mountain Grove Cemetery
24d. LOCATION (City, town, or county) (State): near Mountain Grove Mo

DATE REC'D BY LOCAL REG.: 4/5/56
REGISTRAR'S SIGNATURE: Dr Geo W Husted M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas C Knight — ADDRESS: Malden Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED APR 12 1956
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 Thomas C. Knight
Licensed Embalmer No. 2189
P. O. Address Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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