

FILED FEB 1 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 3630

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 11		
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid				
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston		c. LENGTH OF STAY (If this place) 1 hr. - 20 min.		c. CITY (If outside corporate limits, write RURAL and give township) Canalou		1720		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital				d. STREET ADDRESS (If rural, give location) /				
3. NAME OF DECEASED (Type or Print) a. (First) Edgar		b. (Middle) Addison		c. (Last) Frakes		4. DATE OF DEATH (Month) (Day) (Year) January 8, 1952		
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-25-1892		
9. AGE (In years last birthday) 59-		IF UNDER 1 YEAR Months 1		IF UNDER 11 HRS. Day 11		Hours 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Owner of Ed beer Tavern			10b. KIND OF BUSINESS OR INDUSTRY Beer Tavern		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Grant Frakes			13b. MOTHER'S MAIDEN NAME Mary Kathrine Wheatly		14. NAME OF HUSBAND OR WIFE Eulice Larue			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eulice Larue Frakes Canalou, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute arsenic poisoning INTERVAL BETWEEN ONSET AND DEATH 3 hours  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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE - HOMEHIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Canalou New Madrid Mo.		197		
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? _____				
22. I hereby certify that I attended the deceased from 1-8, 1952, to 1-8, 1952, that I last saw the deceased alive on 1-8, 1952 and that death occurred at 1:05 P.M., from the causes and on the date stated above.								
23a. SIGNATURE F. M. Jarvis (Degree or title) M.D.				23b. ADDRESS Morchouse, Mo.		23c. DATE SIGNED 1-9-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-8-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Steele, Mo.		
DATE REC'D BY LOCAL REG. 1-25-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429-10		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benson Funeral Home, Steele, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 28 1952  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-26

MS  
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**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 John W. German

Licensed Embalmer No. 4355

P. O. Address Hopkins, 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.