

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42910

State File No. ....

FILED JAN 5 1953

BIRTH NO. 70370 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 38

721

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>New Madrid</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Portageville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0721</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (First) <u>George</u>	b. (Middle) <u>Carl</u>	c. (Last) <u>Mabens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11, 1952</u>
---	-------------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct 2, 1952</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 12 HRS. Hours <u>7</u>	IF UNDER 60 MIN. Mins.
--------------------	-------------------------------	--	-------------------------------------	--	---------------------------------	---------------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Portageville Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>Charles Mabens</u>	13b. MOTHER'S MAIDEN NAME <u>Annie B Mc Mulla</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Mabens</u>	ADDRESS <u>Portageville</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, asthma, 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>Not Definitely Known</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Treated for Enteritis, see page</u> DUE TO (c) <u>approximately 3 cols</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>571D</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)	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 Nov 13, 1952 to Dec. 9, 1952, that I last saw the deceased alive on Dec. 9, 1952, and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. J. Herbert</u>	(Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>12/17/52</u>
--	-------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Dec 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Will</u>	24d. LOCATION (City, town, or county) (State) <u>Port Pleasant Mo</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec 22, 1952</u>	REGISTRAR'S SIGNATURE <u>Ellean DeLisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u>	ADDRESS
--	---	---	---------

---

---

**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 \_\_\_\_\_

.....  
*Not Embalmed*  
.....  
working under my personal supervision.

Student Embalmer No. ....

Signed .....

Signed.....  
Student Embalmer.

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.