

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10835

State File No.

790

LED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 53

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| 1. PLACE OF DEATH a. COUNTY <u>Peru</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Peru</u> | |
| b. CITY OR TOWN <u>Rural</u> | c. LENGTH OF STAY (If in institution) | c. CITY OR TOWN <u>Rural</u> | d. STREET ADDRESS <u>West of Hwy. 4 mi</u> |
| 3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>FLOYD</u> c. (Last) <u>FRANTHAM</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1953</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>Dec-21-1898</u> |
| 9. AGE (In years last birthday) <u>54</u> | 10. MONTHS <u>3</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clifton Tenn</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tractor work</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 13a. FATHER'S NAME <u>Lornie P. Frantham</u> | 13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Plunk</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Frantham Caruthers</u> ADDRESS <u>Caruthersville</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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - left jaw & foot</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>March 52</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <u>196x</u> 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) (Min.) | 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 <u>May 12, 1952</u> , to <u>March 21, 1953</u> , that I last saw the deceased alive on <u>March 20, 1953</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>J. B. Beecher M.D.</u> | 23b. ADDRESS <u>Caruthersville Mo</u> | 23c. DATE SIGNED <u>3-23-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u> | 24b. DATE <u>3-22-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Little Plains</u> | 24d. LOCATION (City, town, or society) (State) <u>Caruthersville Mo</u> |
| DATE REC'D BY LOCAL REG. <u>3-27-53</u> | REGISTRAR'S SIGNATURE <u>John H. German</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Foye and Co. Caruthersville Mo</u> ADDRESS <u>720.</u> | |

WHEN PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-10A-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 30 1953

APR 23 1953

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 *Noel C. Owen*

Licensed Embalmer No. *3941*

P. O. Address *Caruthers*

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.