

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27721

State File No.

FILED SEP 12 1956

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY New Madrid		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 township) Rural-Como Twsp.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Rural-Como Twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0720			

3. NAME OF DECEASED (Type or Print) a. (First) Willie			b. (Middle) Mae			c. (Last) Franklin			4. DATE OF DEATH (Month) (Day) (Year) Aug. 23 1956		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 25 1909			9. AGE (In years last birthday) Months Days Hours Min. 46		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Arkansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Will Bennett		13b. MOTHER'S MAIDEN NAME Dilsey Rivers		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Will Bennett Catron, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attendant.				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) By all recent death was		DUE TO (c) Due to apoplexy.			
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 334x		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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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.

23a. SIGNATURE Geo. H. [Signature]		(Degree or title) Caron		23b. ADDRESS New Madrid Mo.		23c. DATE SIGNED Aug. 23 '56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 26, 1956		24c. NAME OF CEMETERY OR CREMATORY Simmons Burial Park		24d. LOCATION (City, town, or county) (State) Catron Missouri	

DATE REC'D BY LOCAL REG. 8/30/56		REGISTRAR'S SIGNATURE Dr. Geo. H. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home Lilbourn, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0720

217-0

DATE RECEIVED SEP 5 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.....
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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