

ARKANSAS STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

DEC 2 1956

Registration District No. 695

15173

Primary Registration District No. Jones

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <u>Van Buren</u>		2. USUAL RESIDENCE (where deceased lived, if institution; residence before admission) a. STATE <u>Ark.</u> b. COUNTY <u>Van Buren</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Bee Branch</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (if rural, give location)	
4. FULL NAME OF (if not in hospital or institution, give street address; location) HOSPITAL OR INSTITUTION <u>Van Buren Co. Hospital</u>		4. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addison Oscar</u> b. (Middle) <u>French</u> c. (Last) <u>French</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>9-15-1863</u>
9. AGE (in years last birthday) <u>93</u>		9. AGE (in years last birthday) If Under 1 Year: Months <u>2</u> Days <u>2</u> Hours <u>2</u> Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Richard French</u>		14. MOTHER'S MAIDEN NAME <u>Francis Moore</u>	
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. <u>---</u>	
17. INFORMANT <u>Mrs. Eula Wood</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urinary infection</u> ANTECEDENT CAUSE 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 type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>527.2</u>	
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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While At <input type="checkbox"/> Not While At <input type="checkbox"/> Work <input type="checkbox"/> Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11-9-</u> <u>10:46</u> <u>11-27-</u> <u>1956</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>11-26-</u> <u>1956</u> AND THAT DEATH OCCURRED AT <u>12:40</u> <u>A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23a. SIGNATURE <u>H. J. Hall MD</u> (Degree or Title)		23b. ADDRESS <u>Clinton, Ark.</u>	
23c. DATE SIGNED <u>12-9-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren Co., Ark.</u>	
25. FUNERAL DIRECTOR <u>McNitt</u> ADDRESS <u>Conway, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>12-24-56</u>		REGISTRAR'S SIGNATURE <u>Allice Johnson</u>	