

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17910

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b>	c. LENGTH OF STAY (In this place) <b>2 WEEKS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Randolph 1940</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>ELWINS R.R.#1</b>	

3. NAME OF DECEASED (Type or Print) <b>IDA</b>	a. (First)	b. (Middle)	c. (Last) <b>FRENCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 3 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>August 11 1895</b>	9. AGE (In years last birthday) <b>74</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	11. BIRTHPLACE (State of foreign country) <b>YOUNTZ MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>JAMES WHITE</b>	13b. MOTHER'S MAIDEN NAME <b>MARU BESS</b>	14. NAME OF HUSBAND OR WIFE <b>JESSIE FRENCH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HARLEY FRENCH</b>	ADDRESS <b>DEWODE MO.</b>
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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) <b>Ca stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>15</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>		<b>10 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **May 15, 1950**, to **June 3, 1950**, that I last saw the deceased alive on **June 3, 1950**, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. O. Garber M.D.</b> (Degree or title)	23b. ADDRESS <b>Dewode, MO.</b>	23c. DATE SIGNED <b>6-5-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/6/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PARK VIEW</b>	24d. LOCATION (City, town, or county) (State) <b>FARMINGTON MO.</b>
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DATE REC'D BY LOCAL REG. <b>June 6, 1950</b>	REGISTRAR'S SIGNATURE <b>Ether Rudolph</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Boyer</b>	ADDRESS <b>Dewode, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

941

650-783

**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.

Signed C. Z. Bayer

Licensed Embalmer No. 1691

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address: Medford, 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.