S. No. 300
v. 10.48

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

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12333

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (In this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethany Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Hampton 0410
d. STREET ADDRESS (If rural, give location): West Part of New Hampton

3. NAME OF DECEASED (Type or Print): a. (First) Jenny b. (Middle) Dixon c. (Last) French

4. DATE OF DEATH (Month) (Day) (Year): April 6 1951

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2

8. DATE OF BIRTH: apr 25 1880

9. AGE (In years last birthday): 70 — If under 1 year: Months 11 Days 11 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Dallis Texas Benton County

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William E Boswell

13b. MOTHER'S MAIDEN NAME: Margret Wherrett

14. NAME OF HUSBAND OR WIFE: Albert N French Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N — (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S SIGNATURE OR NAME: Bessie Moore — ADDRESS: New Hampton

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Sclerosis — 5 years
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: 4201

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 19 51, *to* 4-6, 19 51, *that I last saw the deceased alive on* 4-6, 19 51, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Broyles — (Degree or title): MD

23b. ADDRESS: Bethany Missouri

23c. DATE SIGNED: 4-9-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: apr 11 1951

24c. NAME OF CEMETERY OR CREMATORY: Leeday

24d. LOCATION (City, town, or county) (State): Dewey County Okla

DATE REC'D BY LOCAL REG.: April 11-51

REGISTRAR'S SIGNATURE: Zola Burris

25. FUNERAL DIRECTOR'S SIGNATURE: W G Noble — ADDRESS: New Hampton

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

AUG 20 1951

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed W G Noble

Licensed Embalmer No 2904

P. O. Address Kansas Hampton 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.