

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40706**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1329

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 426 Kemper St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Delaney	c. (Last) French	4. DATE OF DEATH (Month) (Day) (Year) December 22, 1951
---	----------------------------	-------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH August 9, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	--	--	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) press feeder	10b. KIND OF BUSINESS OR INDUSTRY stationary Co.	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME Thomas Perry French	13b. MOTHER'S MAIDEN NAME Mary E. Corning	14. NAME OF HUSBAND OR WIFE _____
---	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. #2	16. SOCIAL SECURITY NO. 702-18-3957	17. INFORMANT'S SIGNATURE OR NAME C. P. French	ADDRESS 1602 Polk St., Omaha, Nebr.
---	--	---	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Diabetes DUE TO (c) Acute Pancreatitis		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Dec. 22, 19 51, to Dec. 22, 19 51, that I last saw the deceased alive on Dec. 22, 19 51, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Charles P. French</i> (Degree or title)	23b. ADDRESS 823 Faraon St. Joseph, Mo.	23c. DATE SIGNED 12/22/51
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/24/1951	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. Dec 28, 1951	REGISTRAR'S SIGNATURE <i>Carl E. Cash</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Heaton-Bowman Funeral Home</i>	ADDRESS St. Joseph, Mo
--	---	--	-------------------------------

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

117

0117

0

1703
3213

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. *1575*

P. O. Address *219 S. 11th St. Joseph*

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.