

1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> <u>0240</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SMITHVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SMITHVILLE</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMITHVILLE COMMUNITY HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) _____ c. (Last) <u>FRENCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 25 1952</u>		
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5. SEX <u>FE</u> / <u>WH</u>		6. COLOR OR RACE <u>WH</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 10, 1874</u>		9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u>		IF UNDER 6 WKS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>JACKSON HEATH</u>			13b. MOTHER'S MAIDEN NAME <u>BETTIE JANE FRAZIER</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN T. FRENCH</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN T. FRENCH SMITHVILLE, MO.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Coma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Yellow atrophy of liver</u>						<u>3 week /</u>	
		DUE TO (c) <u>Recurrent hepatitis</u>						<u>1 year /</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>						<u>10 years /</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						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) (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 Nov. 5, 1951, to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 2:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ch. Novotny, M.D.</u>			23b. ADDRESS <u>Smithville, Missouri</u>			23c. DATE SIGNED <u>6-27-52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE MISSOURI</u>			
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DATE REC'D BY LOCAL REG. <u>6-27-52</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCOMAS FUNERAL HOME SMITHVILLE, MO.</u>				
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

# 240

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

JUL 8 1961

VS MAY 24 1961

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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 .....

Student Embalmer

Signed *Donald W. Hanks* .....

Licensed Embalmer No. *4528* .....

P. O. Address *Smithville, Missou* .....

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.