

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32165

State File No.

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 64

1550
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" BUCK PRAIRIE</u>		c. LENGTH OF STAY (in this place) <u>50 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" BUCK PRAIRIE 0550</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>RT. # 1, MARIONVILLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>OLLIE</u>		c. (Last) <u>FRENCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 7 - 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY - 29 - 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>PRATT - KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH FRENCH</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JANE FOSTER</u>		14. NAME OF HUSBAND OR WIFE <u>MARGE SAMSEL, FRENCH</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARGE FRENCH, RT. #1, MARIONVILLE, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Myocardial infarction</u>				<u>10 min.</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertensive Heart Disease</u> <u>3 years</u>	
		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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <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 <u>17 January, 1952</u> , to <u>February 19 1952</u> , that I last saw the deceased alive on <u>16 February, 1952</u> , and that death occurred at <u>6:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Ramsey, M.D.</u> (Degree or title)				23b. ADDRESS <u>Marionville, Mo.</u>		23c. DATE SIGNED <u>9 October 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 10 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LAWRENCE Co., MO.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Nett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Cleve, Mo.</u>	

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.....

John Dean Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address. Cleveland, 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.