

FILED APR 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 45708

BIRTH NO. _____		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 6257		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson (Rural)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson (Rural)</u> <del>St. Francis</del>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>&lt;</u>				d. STREET ADDRESS (If rural, give location) <u>Logan Jwp. 1118</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leslie</u>		b. (Middle) <u>X</u>		c. (Last) <u>French</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>11</u>		(Year) <u>1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 2-1890</u>	
9. AGE (In years last birthday)		if UNDER 1 YEAR Months <u>63</u> Days <u>9</u> Hours <u>9</u> Min. <u>5</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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>General Farming</u>		13a. FATHER'S NAME <u>Charles French</u>		13b. MOTHER'S MAIDEN NAME <u>Epsie Schultz</u>	
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		13d. SOCIAL SECURITY NO. <u>&lt;</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Busby French</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>&lt;</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl B. French</u>				ADDRESS <u>Patterson 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, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>I only saw him a hour before death. I believe he died from</u>				<u>J. B.</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (b) <u>of the lungs he must have had some other doctor.</u>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. McDaniel MD.</u>				23b. ADDRESS <u>Patterson Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockwell Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Cook</u>		ADDRESS <u>Piedmont Mo</u>	

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

RECEIVED

APR 16 1954

WAYNE CO. HEALTH CENTER

FILE No. 434-18

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 \_\_\_\_\_

Cochran Funeral Home

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed William Cochran

Licensed Embalmer No. 3723

P. O. Address Wichita - 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.