

No. 300  
10.48

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26402

State File No. 439  
Registrar's No. 439

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>439</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DUNKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>28 days</u>		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Kennett</u>		<u>03-2</u> <u>1</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>306 East 7th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NOAH</u> b. (Middle) <u>LON</u> c. (Last) <u>FRENCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 7, 1954</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>3-24-76</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sandborn, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James W. French</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Cannon</u>		14. NAME OF HUSBAND OR WIFE <u>Kitty French</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes SPAW</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive pulmonary embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>		
	ANTECEDENT CAUSES <u>Gangrene, right lower extremity</u> <u>secondary to thromboses and</u> <u>occlusions of major vessels E9030</u>						<u>28 days</u>		
	DUE TO (b) <u>Fractured femur, right</u>						<u>20</u> <u>1 month</u>		
	DUE TO (c) <u>Coronary heart disease, severe</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>Coronary heart disease, severe</u>						<u>1 year</u>		
19a. DATE OF OPERATION <u>8-6-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene, distal 2/3 rt. lower extremity due to thrombosis</u> <u>/of major blood vessels</u>						20. AUTOPSY? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fell in yard at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kennett Dunklin Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 10, 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell accidentally</u>					
22. I hereby certify that I attended the deceased from <u>July 10, 1954</u> , to <u>Aug. 7, 1954</u> , that death was the result of <u>Massive pulmonary embolism</u> , and that death occurred at <u>8:15pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. L. RAMOS, M.D., Officer of Day</u>				23b. ADDRESS <u>VA Hospital Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>8-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8/14/54</u>		REGISTRAR'S SIGNATURE <u>Rick Minick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service Kennett Mo.</u>					

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

RECEIVED

AUG 16 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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

*Edgar Lee Ford*

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.