

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
**FILED FEB 6 1956 STANDARD CERTIFICATE OF DEATH**

State File No. **1340**  
 Registrar's No. **183**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>25 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Lukes Hospital</b>				e. STREET ADDRESS <b>3701 48 3450 Broadway</b>					
3. NAME OF DECEASED (Type or Print) <b>Vernie</b>			a. (First)		b. (Middle) <b>French</b>		c. (Last)		
4. DATE OF DEATH <b>Jan. 11, 1956</b>			8. DATE OF BIRTH <b>4/6/1871</b>		9. AGE (In years) <b>84</b>		IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at Home</b>			10b. KIND OF BUSINESS OR INDUSTRY			14. NAME OF HUSBAND OR WIFE <b>John A. French</b>			
13a. FATHER'S NAME <b>Syrus J. McMaster</b>			13b. MOTHER'S MAIDEN NAME <b>Belle Weir</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Leigh Battson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. ADDRESS <b>Kansas City, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION							
<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) <b>Arteriosclerosis Heart disease with acute myocardial infarct</b>							
		ANTECEDENT CAUSES <b>Acute myocardial infarct</b>							
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Diabetes Mellitus</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input 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 <u>1989</u> , 19 <u>  </u> , to <u>Jan 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 14</u> , 19 <u>56</u> , and that death occurred at <u>1307</u> m, from the causes and on the date stated above.									
23a. SIGNATURE <b>M.G. Berry</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>315 Nichols Rd. Kansas City</b>		23c. DATE SIGNED <b>Jan 14, 56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/15, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>St. James Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-14-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure</b>		ADDRESS <b>K.C. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John B. Justus  
Plaza Med. Bldg. - 24.1-3243

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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.....  
Signature of Student Embalmer

Signed.....  
*Elmo D. Tiptott*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.