

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041020

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 219

300
1-57

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR DOA Memorial Hospital INSTITUTION			Length of stay in lb		d. STREET ADDRESS (If outside, give location) Rt. 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First NOBLE Middle SEVEN Last FRENCH				4. DATE OF DEATH Month 18 Day November Year 1958							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 15 April 1899		9. AGE (In years last birthday) 59		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Trucker			10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Barnett, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William French				13b. MOTHER'S MAIDEN NAME Jennie				14. NAME OF HUSBAND OR WIFE Julia French.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 488-26-3368		17. INFORMANT Address Mrs. Julia French, Rt. 2, Rolla Mo						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion								INTERVAL BETWEEN ONSET AND DEATH Minutes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Had been treated by Dr. W. F. Andreasen, Rolla, for heart disease. Not seen recently.		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) 4201								
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:30PM m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Nadine L. Stoll, Local Registrar, Rolla Mo						22b. ADDRESS			22c. DATE SIGNED Nov. 20, 1958		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 21 Nov. 1958		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens			23d. LOCATION (City, town, or county) (State) Rolla, Missouri.				
24. FUNERAL DIRECTOR By Paul E. Hull						25. DATE RECD. BY LOCAL REG. Nov. 20, 1958		26. REGISTRAR'S SIGNATURE Nadine L. Stoll			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part 1 must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Paul E. Null*

Licensed Embalmer No. *4498*
P. O. Address *Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.