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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005553
STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 634

1. PLACE OF DEATH a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5622 WAYNE AVENUE — Length of stay in 1b 18 YEARS	d. STREET ADDRESS (If outside, give location) 5622 WAYNE AVENUE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First SAM	Middle ERNEST	Last FRENCH	4. DATE OF DEATH Month JANUARY Day 31, Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH SEPT. 21, 1915
9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT INSPECTOR	10b. KIND OF BUSINESS OR INDUSTRY BUREAU OF ANIMAL INDUSTRY	11. BIRTHPLACE (City and state or country) CASON, TEXAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME SAM WELLS FRENCH	13b. MOTHER'S MAIDEN NAME OLLIE LITTLEFIELD	14. NAME OF ~~HUSBAND OR~~ WIFE ELOISE FRENCH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) YES (If yes, give war or dates of service) W.W. II	16. SOCIAL SECURITY NO. 441-01-0507	17. INFORMANT MRS. ELOISE FRENCH-KANSAS CITY, MISSOURI	Address 5622 WAYNE AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH few minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension & Arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4551

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1955, to Jan 31, 1959 and last saw her/him alive on 1-16-59

Death occurred at 3:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gustave Eisemann MD	22b. ADDRESS 751 E 63rd	22c. DATE SIGNED 2/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS-KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 2-3-59	26. REGISTRAR'S SIGNATURE Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Gustave Eisemann

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 .....

Licensed Embalmer No. 3035

P. O. Address .....

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.