URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035824

STATE FILE NUMBER

Dr. Park FILED VS NOV 9 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1184

ENDED

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b 71 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 CHERRY — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 501 CHERRY — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JANE Middle McCLERNON Last FRENCH

4. DATE OF DEATH Month NOV. Day 3 Year 1959

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH 3/3/88
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HUGH McCLERNON
13b. MOTHER'S MAIDEN NAME MARGARET McELHONE
14. NAME OF HUSBAND OR WIFE WM. FRENCH (DEC.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT Address MRS. MARY J. O'MELIA, SPRINGFIELD MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Hypertensive Cardio Vascular

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Disease
DUE TO (c) Generalized Arteriosclerosis

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] None
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. Month, Day, Year None
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 7-22-52, to 11-3-59 and last saw her alive on 11-3-59
Death occurred at 7 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. J. Dant, M.D.
22b. ADDRESS 609 Cherry, Springfield, Mo.
22c. DATE SIGNED 11/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11/6/59
23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

24. FUNERAL DIRECTOR H.H. LOHMEYER — ADDRESS SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 11-5-59
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER JAN 7 1960

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_____ Signed H L McCann

Signature of Student Embalmer

Licensed Embalmer No. 2727

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.