RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-031756
STATE FILE NUMBER

FILED VS AUG 24 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 322

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre
Length of stay in 1b: 18 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St Fr~~ Washington
c. CITY OR TOWN Irondale
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS — (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Arthur Middle Edson Last French
4. DATE OF DEATH: Month August Day 15 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-11-1893
9. AGE (last birthday): 67 yrs.
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): retail clerk
10b. KIND OF BUSINESS OR INDUSTRY: clothing store
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas J. French
13b. MOTHER'S MAIDEN NAME: Lucy Robinson
14. NAME OF HUSBAND OR WIFE: Elnora French
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.: 493-07-6454
17. INFORMANT: Elnora French, Address: Irondale, Mo.

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) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 May 9, '60 to Aug 15, '60 and last saw him alive on Aug. 15, '60
Death occurred at 2 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alvan G Karraker (Degree or title) M.D.
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED Aug 16 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-18-1960
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): Farmington, Missouri
24. FUNERAL DIRECTOR: Berth. Boyer, ADDRESS: Leadwood, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 16, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

AUG 25 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3441

P. O. Address Leadwood

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