

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002627

FILED VS JAN 16 1961

STATE FILE NUMBER

AMENDED

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 51

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Huntsville</u>		Length of stay in 1b <u>2 1/2</u> years		c. CITY OR TOWN <u>Huntsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Carpenter Street</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Carpenter Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>F.</u> Last <u>French</u>				4. DATE OF DEATH Month <u>January</u> Day <u>7</u> Year <u>1961</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-23-1879</u>		9. AGE (last birthday) <u>81</u>		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) <u>minister</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>minister</u>		11. BIRTHPLACE (City and state or country) <u>Wichita, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>					
13a. FATHER'S NAME <u>Jerome French</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Runion</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Estella French</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. A.F. French: Huntsville, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>years.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <u>Myocardial infarction Oct 1960</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Oct. 1, 1960</u> to <u>1-7-61</u> and last saw ^{her} him alive on <u>1-6-61</u> Death occurred at <u>6:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>M. C. Caley, D.O.</u> (Degree or title)						22b. ADDRESS <u>Huntsville, Mo.</u>			22c. DATE SIGNED <u>1-9-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1-11-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Nevada Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Nevada, Iowa</u>					
24. FUNERAL DIRECTOR <u>Tom B. Patton</u> <u>Huntsville</u> <u>Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1-11-61</u>		26. REGISTRAR'S SIGNATURE <u>Odonna Patterson</u>							

NOV 22 1967

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville
md

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.