

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38434**

No. 300  
10.48  
FILED DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **58**

422

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Orange Twp</b>	
c. LENGTH OF STAY (in this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>0470</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Etta</b>	b. (Middle) <b>May</b>	c. (Last) <b>French</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-6-1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>3-28-1880</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William P Foster</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Hawk</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clement French</b>	ADDRESS <b>Clinton Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 MO</b>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1950**, to **Dec. 6, 1952**, that I last saw the deceased alive on **Dec. 6, 1952**, and that death occurred at **11:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b>	23b. ADDRESS <b>Clinton, Mo</b>	23c. DATE SIGNED <b>9 Dec. 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-9-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Chapel cem</b>	24d. LOCATION (City, town, or county) (State) <b>Henry Co Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec-9-52</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	4222	FUNERAL DIRECTOR'S SIGNATURE <b>Sickman-Dunning</b>	ADDRESS <b>Clinton Mo</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed Robert J. Dunning

Licensed Embalmer No. 4510

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.