

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11672

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4060</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge</u>		c. LENGTH OF STAY (If this place) <u>65 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge</u>		13 <u>00</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in North West Port town</u>				d. STREET ADDRESS (If rural, give location) <u>N.W. Port of town</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shirley</u> b. (Middle) <u>Priest</u> c. (Last) <u>French</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 14 1949</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 30 1884</u>	9. AGE (In years last birthday) <u>65</u>	Months <u>00</u>	Days <u>15</u>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>		11. BIRTHPLACE (State or foreign country) <u>Caldwell Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Stewart S. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Jennet Priest</u>		14. NAME OF HUSBAND OR WIFE <u>Will S. French</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>- - - -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maurine Overfield</u> ADDRESS <u>St. Louis</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis, Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>33 1/2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:45</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Apr 12</u> , 19 <u>49</u> , to <u>Apr 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 12</u> , 19 <u>49</u> , and that death occurred at <u>9:45</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Webb M.D.</u> (Degree or title)				23b. ADDRESS <u>Breckenridge Mo.</u>		23c. DATE SIGNED <u>4-15-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 17 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Breckenridge Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-26-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Warran Funeral Home</u>		ADDRESS <u>Hamilton Mo</u>		

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

Morris A. Brown

Licensed Embalmer No. *3918*

P. O. Address *Hamilton, 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.