

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22106**

FILED AUG 6 1951

| | | | | | | | |
|---|----------------------------------|--|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>792</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>50 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | <u>0117</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2109 St. Joseph Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2109 St. Joseph Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Christopher</u> b. (Middle) <u>C.</u> c. (Last) <u>French</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1951</u> | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | 8. DATE OF BIRTH <u>Dec. 8, 1887</u> | | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dishwasher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>restaurant</u> | | 11. BIRTHPLACE (State or foreign country) <u>Scyler County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James T. French</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Bass</u> | | 14. NAME OF HUSBAND OR WIFE <u>unknown</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>unk.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. May Courtney 2109 St. Joseph Ave St. Joseph, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Coronary Thrombosis</u> <u>Chronic Myo-Carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Man died suddenly while in bed in his home. Man has been suffering with a chronic heart disease for one year at least.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>_____</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>viewed</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u> | | | |
| 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? | | | |
| 22. I hereby certify that <u>viewed</u> the deceased from <u>7/21, 1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:45 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u> | | | | 23b. ADDRESS <u>St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>7/21/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>7/28/1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>July 28, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl E. Casler</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bauman Funeral Home St. Joseph, Mo.</u> | | | |

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

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 William Spalding

Licensed Embalmer No. 7535

P. O. Address 319 S. 10th St. Annapolis, 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 this body is not embalmed, fact should be so stated above.