

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29506

DECEASED 1 1951

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 996		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 525 Blake St. 0				
3. NAME OF DECEASED a. (First) WILMA (Type or Print)			b. (Middle)		c. (Last) FRENCH		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced		8. DATE OF BIRTH Dec. 13, 1890	9. AGE (In years last birthday) 60	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Mercer Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Daniel French			13b. MOTHER'S MAIDEN NAME Alice Radabaugh		14. NAME OF HUSBAND OR WIFE Everett West			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thelma Dykes 525 Blake St.				
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* (a) <u>Heart Disease, Arteriosclerosis</u> ANTECEDENT CAUSES <u>C. Cardiac Decompensation</u> Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4/2 00</u>					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)		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>9-1-51</u> , 19__, to <u>9-22-51</u> , 19__, that I last saw the deceased alive on <u>9-21-51</u> , 19__, and that death occurred at <u>5:05 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W.C. Senn</u>				23b. ADDRESS <u>20704 S Bldg ST Joseph</u>		23c. DATE SIGNED <u>9-24-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE Sept. 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Sept 28 1951		REGISTRAR'S SIGNATURE <u>Carl H. Clark</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Clark</u>		ADDRESS 120 Illinois Ave.		

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

0117

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*E. A. Clark*

Signed.....

Student Embalmer

Licensed Embalmer No. *4238*

P. O. Address. *St. Joseph 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.