S. No. 300
v. 10.48

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4869

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY: Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Joseph
c. LENGTH OF STAY (in this place): 11 yrs 11 mos 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: King City. 0320 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTER
b. (Middle): ALLEN MARTIN
c. (Last): FRENCH,

4. DATE OF DEATH (Month) (Day) (Year): 2 - 23 - 1953,

5. SEX: Male, 0
6. COLOR OR RACE: white,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single. 0
8. DATE OF BIRTH: 7-6-1921
9. AGE (In years last birthday): 31, IF UNDER 1 YEAR: Months 7, Days 17, IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none,
10b. KIND OF BUSINESS OR INDUSTRY: none,
11. BIRTHPLACE (State or foreign country): King City. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Ellis J. French
13b. MOTHER'S MAIDEN NAME: Mary Beal
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no,
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none,
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary French - King City, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epilepsy — since birth
DUE TO (c) 3532

II. OTHER SIGNIFICANT CONDITIONS*
Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency — since birth,

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1-, 1952, *to* 2-23-, 1953, *that I last saw the deceased alive on* 2-22-, 1953, *and that death occurred at* 3:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Farrell Thomas. (Degree or title): M.D.
23b. ADDRESS: State Hospital No. 2, St Joseph, Mo.
23c. DATE SIGNED: 2-23-1953,

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: 2-26-53.
24c. NAME OF CEMETERY OR CREMATORY: Forrest View
24d. LOCATION (City, town, or county) (State): King City Mo - RR

DATE REC'D BY LOCAL REG.: Feb. 28, 1953
REGISTRAR'S SIGNATURE: Carl C Castor 446
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R. G. Taggart. King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed R. G. Toggrat.

Signed _____
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.