

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35055**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1136**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>3098</b> <b>Kansas City</b>			1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. St. Joseph's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>600 W. 43rd Terrace</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>TROSPER</b>		c. (Last) <b>FRANCE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 24, 1953</b>		
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>May 8, 1917</b>		9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meat Packing Plant</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John France</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Trospier</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia H. France</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. #2</b>		16. SOCIAL SECURITY NO. <b>495-01-6635</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Edna France, 320 So. 16th St., City</b>				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of the 1st &amp; 2nd Cervicle Vertabrae. Cut on left side of chin</b>				DUE TO (b) <b>and right leg.</b>				1 day
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				DUE TO (c) <b>Man was dead on arrival at the</b>				
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				<b>St. Joseph's Hospital after the automobile he was driving struck a</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<b>telephone pole on #71 Highway City Route 2 1/2 miles So. of City Limits.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Highway #71</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Center Twp. Buchanan Missouri</b>		21f. HOW DID INJURY OCCUR? <b>His Automobile ran into a telephone Pole.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 24, 1953 5:00A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>Oct 24, 1953</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:30 A m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>H F Munday M.D. (License)</b>				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>10-24-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 31, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Oct 30, 1953</b>		REGISTRAR'S SIGNATURE <b>Kathleen Mc Allison 4:35</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. H. Alexander, 1602 Missouri St. City</b>				

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

DEC 2 1953

DEC 10 1953

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 \_\_\_\_\_

*Wm H Alexander*

Licensed Embalmer No. 4450

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.