

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 30 1954

No. 300  
10.46

BIRTH NO. aug REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 922

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>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>40 years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D. O. A. Missouri Methodist Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>1113 Ashland Ave.</b>	

3. NAME OF DECEASED a. (First) <b>Frank</b> (Type or Print)			b. (Middle) <b>Edwin</b>			c. (Last) <b>French</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 20, 1954</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 18, 1882</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 5 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. dispatcher</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lancaster, Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>		

13a. FATHER'S NAME <b>Charles H.</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Jane Farris</b>			14. NAME OF HUSBAND OR WIFE <b>Louise</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Louise French, 1113 Ashland, St. Joseph Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aneurysm, abdominal aorta, ruptured</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, aorta</b> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>0222 X</b>		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.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>home</b>	
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? <b>home</b>	

22. I hereby certify that I attended the deceased from 3-18, 1953, to 8-20, 1954, that I last saw the deceased alive on 5-18, 1954, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Allen Spelman M.D.</b>		23b. ADDRESS <b>706 Francis St. City</b>		23c. DATE SIGNED <b>8-23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8/23/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Mausoleum</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>Aug 25, 1954</b>		REGISTRAR'S SIGNATURE <b>Ethel M. Allison Reg. Sec.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bowman</b>		ADDRESS <b>St. Joseph Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2

*F. Park*

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.....  
Signature of Student Embalmer

Signed *James P. Hawkins*.....

Licensed Embalmer No. *453*

P. O. Address *319 E 10th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.