

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37368

State File No.

5094

FILED DEC 3 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northwest Osteopathic Hospital</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>4225 Oak St 8678</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>MELVIN DALE FRENCH</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov 9 1902</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sign Painter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Osawatomie Kansas, U.S.A.</u> |
| 13a. FATHER'S NAME <u>W. M. French</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elza Rehwald</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Virginia French</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>486-07-7008</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Virginia French</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 <u>HYPOSTATIC Bilateral Lobar Pneumonia</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | INTERVAL BETWEEN ONSET AND DEATH. <u>7 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Acute Bronchitis</u> | |
| DUE TO (c) _____ | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>500X</u> | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ | _____ |
| 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>11-3-6:00 AM, 1954, to 11-3-5:32 PM, 1954</u> , that I last saw the deceased alive on <u>11-3, 1954</u> , and that death occurred at <u>5:32 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. G. Jemison</u> (Degree or title) <u>2</u> | | 23b. ADDRESS <u>N.O. 5400 Indep. Ave. N.E. Mo.</u> | 23c. DATE SIGNED <u>Nov 3, 1954</u> |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____ | 24b. DATE <u>Nov 6 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u> |
| DATE REC'D BY LOCAL REG. <u>11-4-54</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin Lewis</u> | |
| _____ | | _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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

11-2-10-2-

DEC 8 1910

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 Ernest R. ...

Licensed Embalmer No. 336

P. O. Address Harrison

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.