

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12514**

FILED MAY 8 1956

BIRTH NO. _____		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 4060	Registrar's No. 15
1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell		
b. CITY OR TOWN Breckenridge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge		
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 0138 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Glick Nursing Home				
3. NAME OF DECEASED (Type or Print) a. (First) Grey b. (Middle) Henry c. (Last) French		4. DATE OF DEATH (Month) (Day) (Year) Apr 26 - 1956		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Feb 11 - 1876	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		
11. BIRTHPLACE (State or foreign country) Breckenridge, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Thomas H. French		13b. MOTHER'S MAIDEN NAME Laura B. Bryan		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Wm French ADDRESS Breckenridge, Mo
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) Myo-Cardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 30 min.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Coronary Sclerosis		1 to 2 days
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		Indefinite
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 Dec. 16, 1855 , to April 24, 1956 that I last saw the deceased alive on April 26, 1956 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Brady H. Fleming (Degree or title) _____		23b. ADDRESS Breckenridge Mo		23c. DATE SIGNED 4-27-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-56		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
24d. LOCATION (City, town, or county) (State) Breckenridge Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Next Funeral Service ADDRESS Breckenridge Mo		
DATE REC'D BY LOCAL REG. 5-3-56		REGISTRAR'S SIGNATURE Mrs. Ruth Ann Zuggart		

(Licensed Embalmer's Statement on Reverse Side) **B.H.M.**

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Bernard F. Mead

Licensed Embalmer No. *2801*

P. O. Address *Praymer, 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.