

STANDARD CERTIFICATE OF DEATH

State File No. **30270**

FILED SEP 17 1956

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4162 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lock Springs		c. CITY OR TOWN Lock Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 24 Yrs.		STREET ADDRESS (If rural, give location) 0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Lee c. (Last) French			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 8, 1907		9. AGE (In years last birthday) 48		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Daviess Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Everett Dickinson		13b. MOTHER'S MAIDEN NAME Amanda Eads		14. NAME OF HUSBAND OR WIFE Chester French	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Chester French, Lock Springs, Mo. ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Renal Calculi			INTERVAL BETWEEN ONSET AND DEATH 4 yrs 6 yrs 7 or 8 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 602K		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 Jan 1 - 1950 to Sept 5 - 1956, that I last saw the deceased alive on Sept 5, 1956, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) H. B. Bailey		23b. ADDRESS Jamestown Mo.		23c. DATE SIGNED 9-7-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-7-1956		24c. NAME OF CEMETERY OR CREMATORY Lock Springs Cemetery	
				24d. LOCATION (City, town, or county) (State) Lock Springs, Mo.	

DATE REC'D BY LOCAL REG. 10 Sept. 1956		REGISTRAR'S SIGNATURE Vergenia M. Engelhart		25. FUNERAL DIRECTOR'S SIGNATURE D. O. Richesson ADDRESS Hope Funeral Home, Gallatin, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

81-0

SEP 17 1950

MAR 20 1951

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 *L. O. Richerson*

Licensed Embalmer No. *3302*

P. O. Address *Tallahassee*

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.