

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5325**

S. No. 300
V. 10.48

FILED MAR 11 1957

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5609</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1, Latour, Mo.			c. LENGTH OF STAY (In this place) 35 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1,			0 510
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Latour, Mo.				d. STREET ADDRESS (If rural, give location) Latour, Missouri			
3. NAME OF DECEASED (Type or Print)		a. (First) Lewis	b. (Middle) Richard	c. (Last) French	4. DATE OF DEATH (Month) (Day) (Year) March 4, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 22, 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 4	IF UNDER 1 HRS. Hours 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Mt. Sterling, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William French		13b. MOTHER'S MAIDEN NAME Elizabeth Ewen		14. NAME OF HUSBAND OR WIFE Fannie Elliott French			
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. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fannie French, R.1, Latour, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH 3 2/16	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491.X					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)		21f. HOW DID INJURY OCCUR		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on NEVER and that death occurred at 5:30 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE W. E. Moody			23b. ADDRESS HARRISONVILLE MO		23c. DATE SIGNED 3-7-57		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE March 7, 1957	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		24d. LOCATION (City, town, or county) (State) Holden, Mo.			
DATE REC'D BY LOCAL REG. 3-8-57	REGISTRAR'S SIGNATURE Mrs. H. L. Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E B CAST HOLDEN MO				

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

MAR 19 1958

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 

Licensed Embalmer No. 4059

P. O. Address Holden, 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.