

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020666
STATE FILE NUMBER

DECEASED MAY 26 1958 Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 36

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Taney</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Taney</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Packaway Beach</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Packaway Beach</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Length of stay in 1b <i>4 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>P.O. Box</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>William Ralph French</i>			4. DATE OF DEATH Month Day Year <i>5-17-58</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6-16-1890</i>
9. AGE (In years of birthday) <i>67</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Captain</i>	11. BIRTHPLACE (City and state or country) <i>Tarboro Kansas</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Captain</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Bus Camp</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>George Seth French</i>		13b. MOTHER'S MAIDEN NAME <i>Minnie S. Humbert</i>	14. NAME OF HUSBAND OR WIFE <i>Hazel French</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>494-12-7962</i>	17. INFORMANT <i>Hazel French</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertension essential +</i> <i>Acute Coronary Thrombosis</i> DUE TO (b) <i>Hypertension essential + General Arteriosclerosis</i> DUE TO (c) <i>4201</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>4</i> <i>years.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>6 to 24 April 58</i> to <i>16 May 58</i> and last saw him alive on <i>16 May, 1958</i> Death occurred at <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W.C. Magner, M.D.</i>		22b. ADDRESS <i>Branson Mo.</i>	22c. DATE SIGNED <i>5-18-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5-19-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Franklin Memorial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Branson Mo.</i>
24. FUNERAL DIRECTOR <i>Whitelock F. Ham</i>		25. DATE RECD. BY LOCAL REG. <i>5-22-58</i>	26. REGISTRAR'S SIGNATURE <i>Heleen Campbell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 4 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
Signature of Student Embalmer

Signed *Minnie L. W. Helche*

Licensed Embalmer No. *2277*

P. O. Address *Granson*

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.