

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038860
STATE FILE NUMBER

S. 300
1-57

REG OCT 14 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY RAY County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 412 FRANKLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Ray County Memorial Hospital		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) Warrensburg, Mo
3. NAME OF DECEASED (Type or print) First Middle Last MINA T. French			4. DATE OF DEATH Month Day Year Oct. 11 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 6, 1877
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 country) La Monte Missouri
13a. FATHER'S NAME William Choplin		13b. MOTHER'S MAIDEN NAME Liza Ramey	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. none	14. NAME OF HUSBAND OR WIFE James W. French.
17. INFORMANT Mrs Graham Myers - Camden, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Small bowel obstruction			INTERVAL BETWEEN ONSET AND DEATH 12 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			5705H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal disease condition given in PART I (a)) Carcinoma of both breasts			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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Aug 1954 to Oct. 1958 and last saw her alive on 10-10-58 Death occurred at 1:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. Croyer, M.D.		22b. ADDRESS Richmond, Mo.	22c. DATE SIGNED 10-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-11-1958	23c. NAME OF CEMETERY OR CREMATORY Knobroster, Mo.	23d. LOCATION (City, town, or county) (State) Knobroster Mo
24. FUNERAL DIRECTOR Swearas, Phillip's - Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. 10-12-1958	26. REGISTRAR'S SIGNATURE Malul Jackson

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

OCT 1 1958
OCT 1 7 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

Licensed Embalmer No.....
P. O. Address.....

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.