

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012007
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 15

| | | | | | | |
|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Bloomfield | | 10.30 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home | | Length of stay in 1b yrs. | d. STREET ADDRESS ---- | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First LEO Middle S. Last FRENCH | | | 4. DATE OF DEATH Month Mar. Day 25, Year 1959 | | | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH April 27, 1881 | 9. AGE (In years last birthday) 77 | |
| IF UNDER 1 YEAR Months 10 Days 28 | | IF UNDER 24 HRS. Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY crop farming | 11. BIRTHPLACE (City and state or country) Perryville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Alfonse French | | 13b. MOTHER'S MAIDEN NAME Kathleen Weinkein | | 14. NAME OF HUSBAND OR WIFE Elsie 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. None | 17. INFORMANT Elsie French, Bloomfield, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH Instant | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis | | | | | | |
| DUE TO (c) _____ | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | | | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____ Death occurred at 6p.m. on the date stated above and, to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Stephen Parker M.D. | | | 22b. ADDRESS Bloomfield, Mo | | 22c. DATE SIGNED 4-7-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 27-59 | 23c. NAME OF CEMETERY OR CREMATORY Bloomfield cem. | | 23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri | | |
| 24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 4-10-59 | 26. REGISTRAR'S SIGNATURE Mrs. George L. Baker | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, & by Lulu Cooper # 3499....., ~~Student Embalmer~~ No.

~~working under my personal supervision~~

Student
Signature of Student Embalmer

Signed Lulu Cooper.....

Licensed Embalmer No. 4119.....
P. O. Address Bloomfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.