

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014055

State File No.

APR 17 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3048 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Livingston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY Livingston

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe

c. LENGTH OF TIME (If in this place) 38 yrs.

c. CITY OR TOWN Chillicothe

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 28 Herriford St.

STREET ADDRESS (If rural, give location) 28 Herriford St.

3. NAME OF DECEASED
a. (First) KATIE b. (Middle) _____ c. (Last) FRENCH

4. DATE OF DEATH (Month) (Day) (Year) April 9, 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH August 14, 1880

9. AGE (In years last birthday) 78

IF UNDER 1 YEAR Days _____ IF UNDER 14 HRS. Hours _____ Mts. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Felt

13b. MOTHER'S MAIDEN NAME Margaret McCreary

14. NAME OF HUSBAND OR WIFE Charles French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lettie Fisher; Chillicothe, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis
ANTECEDENT CAUSES Atherosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 10 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? 1
YES NO

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) 4214

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 2, 1957, to April 9, 1959, that I last saw the deceased alive on 3-31, 1959, and that death occurred at 3:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Chillicothe

23c. DATE SIGNED 4-10-59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-11-59

24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery

24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 4-10-59 Frances B. Neill

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.

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

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 LINDA L. BOLIN, Student Embalmer No. 573, working under my personal supervision..

Student Linda L. Bolin
Signature of Student Embalmer

Signed John Bolin
Licensed Embalmer No. 5035

P. O. Address Chillicothe,

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.