

FILED MAR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12044**
Registrar's No. **356**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6128		Registrar's No. 356			
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence, Mo.		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY OR TOWN Eminence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) None 10100					
3. NAME OF DECEASED (Type or Print) a. (First) Alvin			b. (Middle) Elberta		c. (Last) French		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH Sept. 13, 1874		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR: Months 4 Days 25 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Fruit Sales		11. BIRTHPLACE (City and State or Foreign Country) State of Kansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James W. French			13b. MOTHER'S MAIDEN NAME Celestia Knapp			14. NAME OF HUSBAND OR WIFE None			
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 Mrs. Ida Clark - Eminence, Mo. ADDRESS _____					
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) Abscess of Lung Rt ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis - 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 1 yr years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 002X	
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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 7-12- , 19 56 , to Death , 19____, that I last saw the deceased alive on 1-17- , 19 56 , and that death occurred at 5:10 P m., from the causes and on the date stated above.									
23a. SIGNATURE S. F. Wilson (Degree or title) Dr.				23b. ADDRESS Eminence Mo			23c. DATE SIGNED 3-1-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Manuel Chanel Cemetery		24d. LOCATION (City, town, or county) (State) Eminence, Mo.			
DATE REC'D BY LOCAL REG. 3-15-56		REGISTRAR'S SIGNATURE Malcolm R. ...			25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home - Mtn. View, Mo. ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

7-1

MAR 20 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 *Joe R. Dunne*.....

Licensed Embalmer No. *42*

P. O. Address *St. Clair*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.