

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38434**

No. 300-10-48  
DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **58**

422  
0

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Chase Twp</b>	
c. LENGTH OF STAY (in this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>0470</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Etta</b>	b. (Middle) <b>May</b>	c. (Last) <b>French</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-6-1952</b>
-------------------------------------	------------------------	------------------------	-------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>3-28-1880</b>	9. AGE (In years) (last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	-----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	---	---	--

13a. FATHER'S NAME <b>William P. Foster</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Hawk</b>	14. NAME OF HUSBAND OR WIFE _____
---	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cornett French</b>	ADDRESS <b>Clinton Mo</b>
---	-------------------------------------	---	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 MO</b>
	ANTECEDENT CAUSES Abnrd 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clinton, Henry, Mo</b>
--	--	---

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? <b>4222</b>
---	--	--

22. I hereby certify that I attended the deceased from **1950**, to **Dec. 6, 1952**, that I last saw the deceased alive on **Dec. 6, 1952**, and that death occurred at **11:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b>	23b. ADDRESS <b>Clinton, Mo</b>	23c. DATE SIGNED <b>9 Dec. 1952</b>
--	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-9-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Chapel cem</b>	24d. LOCATION (City, town, or county) (State) <b>Henry Co Mo</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Dec-9-52</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	4222	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sickman-Dunning</b>	ADDRESS <b>Clinton Mo</b>
--	---	------	---	---------------------------

---

---

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 .....  
Student Embalmer

Signed Robert J. Danning

Licensed Embalmer No. 4510

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.