

No. 2  
5-17-34  
1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22597

Registration District No. 354

Primary Registration District No. 6198

State File No. \_\_\_\_\_  
Registrar's No. 27

1. PLACE OF DEATH:

(a) County: TEXAS  
(b) City or town: RURAL CASS MO  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 82 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: TEXAS 107  
(c) City or town: RURAL 0  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 1/2 S. SIMMONS, MO  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: ELZIE JAMES FRISBEE

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex: MALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: WIDOWED  
6. (b) Name of husband or wife: LIZA FRISBEE 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: FEB 24 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 18 If less than one day hr. min.

9. Birthplace: TEXAS CO. MO (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: UNKNOWN  
13. Birthplace: UNKNOWN 9 (City, town, or county) (State or foreign country)  
14. Maiden name: UNKNOWN  
15. Birthplace: UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant: GENE FRISBEE (b) Address: MIDVALE, IDAHO

17. (a) BURIAL (b) Date thereof: 6/17/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: OAK DALE

18. (a) Signature of funeral director: Gaylord V. Elliott (b) Address: CABOOL, MO

19. (a) June 14-1943 (b) Mrs. Lon Miller (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 12 1943 year 1 hour 30 minute 2 A.M.

21. I hereby certify that I attended the deceased from May 1 1943 to June 12 1943 that I last saw him alive on June 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis 2 yr

Due to: \_\_\_\_\_

Due to: 12/18

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: Dr. Edus D (M. D. or other) Address: CABOOL MO Date signed: June 14 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1239

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 5,  
District File Number 443398  
Date Filed 7-6-43

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank E. Hood

Licensed Embalmer No. 4026

P.O. Address Houston, 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.**