

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 28 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 227

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community Native
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Clinton Frogdon

3. (b) If veteran, name war none

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13
year 1947 hour 10 minute 30 A. M.

4. Sex Male

5. Color or race White

6. (a) Single, married, divorced Married

6. (b) Name of ~~husband's~~ wife Ollie Frogdon

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 7-15-1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1937 19... to 3-13-47 19...
that I last saw him alive on 3-13-47 and that death occurred on the date and hour stated above.

Immediate cause of death Shock post-operative embolism of lung
Due to Prostatectomy
Benign Hypertension

Due to None

Other conditions Semibility + Ch. Heart
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>26</u>	hr. min.

Major findings: Benign hypertensive prostatic gland

Of operation Prostatectomy

Of autopsy 1370

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business FATHER

12. Name Ruben F. Frogdon

13. Birthplace M. Corshing
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Ann Norman

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Doyle Frogdon

(b) Address Bohivok Mo.

17. (a) Burial (b) Date thereof 3-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury None

23. Signature W. Russell (M. D. or other) W. Russell
Address Springfield, Mo. Date signed 3-16-47

18. (a) Signature of funeral director? Morris L. Leman

(b) Address W. Boone Mo.

19. (a) 3-19-47 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

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 _____

Licensed Embalmer No. 3297

P. O. Address: Miles 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.