

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16799

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 168			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		4. DATE OF DEATH Month Day Year May 20, 1949			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1820 S. Warren Street				d. STREET ADDRESS (If rural, give location) 1820 S. Warren Street					
3. NAME OF DECEASED (Type or Print) FRED		a. (First)		b. (Middle) J		c. (Last) FRANK			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 23, 1888			
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 9		IF UNDER 24 HRS. Days 27		IF UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultryman			10b. KIND OF BUSINESS OR INDUSTRY Poultry			11. BIRTHPLACE (State or foreign country) Pleasant Green, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Frank		13b. MOTHER'S MAIDEN NAME Minnie Stienbrink		14. NAME OF HUSBAND OR WIFE Beryl Frank			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beryl Frank, 1820 S. Warren, Sedalia, Mo.					
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) <i>Dropsy of Pericardium Chest</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ascites</i> DUE TO (c) <i>Cancer of Liver</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 6 mos 1 year 15 1/2 H	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>May 19, 1949</i> , to <i>May 20, 1949</i> , that I last saw the deceased alive on <i>May 20, 1949</i> , and that death occurred at <i>128 1/2 Wood</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>E. W. Tolbert</i> (Degree or title)				23b. ADDRESS <i>120 1/2 S. Lamine Sedalia Mo</i>		23c. DATE SIGNED <i>5/22/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri			
DATE REC'D BY LOCAL REG. 5-23-49		REGISTRAR'S SIGNATURE <i>Betty Yeager Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>251 S. W. Eckhart</i>		ADDRESS <i>Sedalia, Mo</i>			

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

MAY 31 RECD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-2-49

NOV 7 1955

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 Frank S Coffman Jr

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.