

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18520

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>					
b. CITY OR TOWN <u>SAVANNAH</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY OR TOWN <u>SAVANNAH</u>		2. <u>2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>i</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First)		b. (Middle)		c. (Last) <u>Wakefield</u>		
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-22-1872</u>		9. AGE (In years last birthday) <u>77</u> Months <u>4</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lumber Dealer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SAVANNAH</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>FRANKLIN WAKEFIELD</u>			13b. MOTHER'S MAIDEN NAME <u>ANN ROBERTS</u>			14. NAME OF HUSBAND OR WIFE <u>ETTA WAKEFIELD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Etta Wakefield</u> ADDRESS <u>SAVANNAH MO</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid 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. <u>4522</u>						INTERVAL BETWEEN INTENT AND DEATH <u>2 yrs 4 mo</u>	
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)		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) m.		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 <u>2-7</u> , 19 <u>46</u> , to <u>6-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-24</u> , 19 <u>49</u> and that death occurred at <u>11-3</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Albert B. Keller, M.D.</u>				23b. ADDRESS <u>Savannah Mo.</u>			23c. DATE SIGNED <u>6-25-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>			
DATE REC'D BY LOCAL REG. <u>6/27/49</u>		REGISTRAR'S SIGNATURE <u>William Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>		ADDRESS <u>SAVANNAH MO</u>			

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

(Licensed Embalmer's Statement on Reverse Side)



**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..... *E. C. Breit* .....

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah 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.