

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22880**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **1825**

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 214 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Nicholas		c. (Last) Frank		4. DATE OF DEATH (Month) (Day) (Year) July 24 49	
5. SEX M	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1871		9. AGE (In years last birthday) 77	10. UNDER 1 YEAR (Months) 11	11. UNDER 2 HRS. (Days) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumber		11. BIRTHPLACE (State or foreign country) Missouri, Jefferson City		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Nicholas Frank		13b. MOTHER'S MAIDEN NAME Elizabeth Baithel		14. NAME OF HUSBAND OR WIFE Mabel C. Frank	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. B. Ferguson, Daughter	
				ADDRESS St. Louis	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Coma		INTERVAL BETWEEN ONSET AND DEATH 201X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral Hydro-nephrosis		
	DUE TO (c) Large Bladder Calculus		
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 Bladder calculus		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **June 17, 1949** to **July 24, 1949**, that I last saw the deceased alive on **7-24-49**, and that death occurred at **St. Louis, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE R. O. Osaman, M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 7-27-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-27-49	24c. NAME OF CEMETERY OR GRAVEYARD Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

DATE REC'D BY LOCAL REG. July 27-49	REGISTRAR'S SIGNATURE R. P. Norris, M.D. - NR 68	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS J. C. Tho.
--	---	---	---------------------------

District File Number

District Health Officer No. 9,

RECEIVED
AUG 1 1949

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

Sylvester Quille

Licensed Embalmer No. 4321

P. O. Address

Jefferson City

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.