

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34543**

FILED OCT 29 1949

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>44</u>					
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>							
b. CITY OR TOWN <u>Granby</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Granby</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>							
3. NAME OF DECEASED (Type or Print) <u>Seaburn</u>			a. (First) <u>Armstrong</u>		c. (Last) <u>Frost</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/19/49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>7/3/1877</u>		9. AGE (In years last birthday) <u>72</u>			
						IF UNDER 1 YEAR		IF UNDER 10 YRS.			
						Months <u>3</u> Days <u>14</u>		Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Brakeman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>		11. BIRTHPLACE (State or foreign country) <u>Washburn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>William Winter Frost</u>			13b. MOTHER'S MAIDEN NAME <u>Darthula Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Fay Frost</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>			16. SOCIAL SECURITY NO. <u>Spanish-Am.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fay Frost</u>		ADDRESS <u>Granby, Missouri</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; asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10, 16 49</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis.</u>				<u>Annual years</u>			
				DUE TO (c) <u>Arthritis</u>				<u>20 yrs</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>3 3 1X</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) (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 <u>June</u> , 1929, to <u>10-19</u> , 1949, that I last saw the deceased alive on <u>10-17</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>R E Rulens mo U</u>				(Degree or title)				23b. ADDRESS <u>Granby mo</u>		23c. DATE SIGNED <u>10-24-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Diamond</u>		24d. LOCATION (City, town, or county) (State) <u>Diamond, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Oct 24 1949</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>225 0</u>		ADDRESS <u>Koon Funeral Home</u>		<u>Cassville, Mo</u>			

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

RECEIVED

District Health Officer No.

*Newton Co. HEALTH UNIT*

District File Number

*1049-190*

Date Filed

*OCT 27 1949*

NOV 10 1949

RECEIVED  
OCT 27 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

*W. C. Koon*

Licensed Embalmer No.

*4359*

P. O. Address

*Cassville, 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.