

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 61948

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4402 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Bernice</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bernice</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> b. (Middle) <u>Genevieve</u> c. (Last) <u>Frame</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-9-1913</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henderson Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Otes Hinchen</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Cashin</u>		14. NAME OF HUSBAND OR WIFE <u>Conrad Frame</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Conrad Frame</u> ADDRESS <u>Steele 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH
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) <u>Steele Mo</u>	
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, 1948, to death, 1949, that I last saw the deceased alive on 11/4, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John M. M. Callahan J.D.</u>		23b. ADDRESS <u>Steele, Mo.</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman</u> ADDRESS <u>Steele Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-31-49</u>		REGISTRAR'S SIGNATURE <u>L. O. ...</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

8300

Dr. Callahan
FILED JAN. 6 1950

1-501

AUG 6 1954

JAN 3 REC'D

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.

Signed _____

John St. Clerman

Signed _____
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.