

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3400

State File No. _____

317

6076

216

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>Manchester, Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Creek Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>	b. (Middle)	c. (Last) <u>Frisbee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-30-1867</u>	9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR Months <u>0</u>	if UNDER 1 DAY Days <u>24</u>	if UNDER 1 MIN. Hours <u></u> Min. <u></u>
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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>Robertsville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mathew Gray</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Frisbee</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>X Miss Pickles Morelton, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured gastric varix</u>		DUE TO (b) <u>arteriosclerosis</u>		2 hours
DUE TO (c) <u>Chronic myocarditis</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4221

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan 10, 1950, to Jan 24, 1950; that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 6:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. P. Loring, M.D.</u>	23b. ADDRESS <u>Ballwin, Mo.</u>	23c. DATE SIGNED <u>1-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair, Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 26 1950</u> <u>Herbert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shesmond W. Stichel</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Sherrard W. Kitchell

Signed _____
Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.