

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11876

State File No.

FILED APR 28 1950

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5086 Registrar's No. 46

0079

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

1. PLACE OF DEATH a. COUNTY <u>Homer Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Homer - twp</u>		c. LENGTH OF STAY (in this place) <u>33</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Homer Twp</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Frick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 5, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 5 1876</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>74 8 0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>SulphureSprgs Va /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Newton W. Frick</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Jane Candler</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.F. McCoy Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10 yrs</u> <u>413X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis (Rheumatic)</u> DUE TO (c)		
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	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 April 20, 1950 to April 5, 1950, that I last saw the deceased alive on Apr. 10, 1950, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Schuler D.O.</u>	23b. ADDRESS <u>Amoret Mo.</u>	23c. DATE SIGNED <u>4-7-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jackson</u>	24d. LOCATION (City, town, or county) (State) <u>Amoret Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 1-8-1950</u>	REGISTRAR'S SIGNATURE <u>Rendall Henry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frecher & Mangold Empster dnm Mo</u>
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RECEIVED

District Health Officer No. 7,

District File Number B-50-417

Date Filed 4-27-50

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 L. A. Mangold

Signed _____
Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.