

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **82555**

FILED OCT 23 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **14** PRIMARY REG. DIST. NO. **4028** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Barton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberal</b>		c. LENGTH OF STAY (in this place) <b>40 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberal</b>		<b>0060</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>S.</b> c. (Last) <b>Frost</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-11-1950</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1862</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Businessman</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Waterloo Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
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13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Frost</b>	
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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) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lon Thomas</b>		ADDRESS <b>Liberal Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>0</b>				
	DUE TO (c) <b>0</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>0</b>				<b>794X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Liberal Barton Mo.</b>
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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? <b>0</b>
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22. I hereby certify that I attended the deceased from **10/5**, 1950, to **10/11**, 1950 that I last saw the deceased alive on **10/5**, 1950, and that death occurred at **9 a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. G. Eddleman M.D.</b> (Degree or title)		23b. ADDRESS <b>Liberal Mo</b>	23c. DATE SIGNED <b>10/11/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-11-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rosebank</b>	24d. LOCATION (City, town, or county) (State) <b>Mulberry Kansas</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 11 1950</b>	REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Otis Smith</b>	ADDRESS <b>Funeral Home Mulberry Ks.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**DIVISION OF HEALTH OF MD.**  
District No. 5 - Springfield  
**RECEIVED** **OCT 16 1950**  
Dist. File 1050-2104  
Date Filed 10-16-50  
OCT 23 1950

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Ben R. Syzsi

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Anna Co

**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.