

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11213**

FILED MAR 20 1951

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4474		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY SALINE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE					
b. CITY OR TOWN SWEET SPRINGS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN SWEET SPRINGS		0970			
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH LOCUST				d. STREET ADDRESS (If rural, give location) SOUTH LOCUST					
3. NAME OF DECEASED (Type or Print) LILLIE WHITE FRISTOE			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH MARCH 15, 1951		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MAY 19, 1861	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 9 Days 26		IF UNDER 1 HR. Hours Min. 		11. BIRTHPLACE (State or foreign country) WARREN COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		13a. FATHER'S NAME OSCAR T. MATHEWS		13b. MOTHER'S MAIDEN NAME SARAH B. ABBOTT		14. NAME OF HUSBAND OR WIFE JAMES C. FRISTOE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME L.W. FRISTOE		ADDRESS SWEET SPRINGS, MO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis generalized DUE TO (c) infirmities of old age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
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)		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 Feb 1950 , to 15 Mar 1951 , that I last saw the deceased alive on 15 Mar 1951 , and that death occurred at 3:20 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ralph B. Jones M.D.				23b. ADDRESS Sweet Springs, Mo.		23c. DATE SIGNED 3/16/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MARCH 17, 1951		24c. NAME OF CEMETERY OR CREMATORY SHELBYNA CEM.		24d. LOCATION (City, town, or county) (State) SHELBYNA, MO.			
DATE REC'D BY LOCAL REG. 3/16/51		REGISTRAR'S SIGNATURE Dolly Andrew		25. FUNERAL DIRECTOR'S SIGNATURE L. F. Parker		ADDRESS Sweet Springs, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

0970

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

RECEIVED 3-19-57

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 3-19-57 -----

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 *L. F. Parker* -----

Licensed Embalmer No. 3840 -----

P. O. Address *Sweet Springs, 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.