

FILED JUL 9 - 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 20587

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

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 590		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) GRUBVILLE		c. LENGTH OF STAY (In this place) 25 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) GRUBVILLE		0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) BIG RIVER TOWNSHIP			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) BURTON c. (Last) FROST			4. DATE OF DEATH (Month) (Day) (Year) JUNE 21 1951				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 25 1889	9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) GRUBVILLE MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JASPER FROST		13b. MOTHER'S MAIDEN NAME HULDA HENRY		14. NAME OF HUSBAND OR WIFE MARGUERITE FROST			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RICHARD FROST GRUBVILLE 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, asthma, etc. It means the disease, injury, or complication which caused death.		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) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
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) 4201			
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 6-21, 1951, to 6-22, 1951, that I last saw the deceased alive on 6-22, 1951, and that death occurred at 8:00 pm, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. C. ... MD				23b. ADDRESS St. Clair Mo		23c. DATE SIGNED 6/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 24 1951	24c. NAME OF CEMETERY OR CREMATORY GRUBVILLE		24d. LOCATION (City, town, or county) (State) GRUBVILLE MO		
DATE REC'D BY LOCAL REG. 6-28-51		REGISTRAR'S SIGNATURE Kathleen ...		25. FUNERAL DIRECTOR'S SIGNATURE Cathy & Lenox		ADDRESS ST. CLAIR MO	

DEC 17 1951

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED 7-5-51

REC'D  
DEC 17 1951

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 Embalmer No. ....

Signed *H. M. Lerot*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3601*

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.