

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29685**

FILED SEP 25 1951

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 318
1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Rural		
c. LENGTH OF STAY (in the place) 14 hrs.		d. STREET ADDRESS (If rural, give location) 2 miles South Mellersville		
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo Hospital		4. DATE OF DEATH (Month) (Day) (Year) Sept 12 1951		
3. NAME OF DECEASED (Type or Print) a. (First) ODUS LEE FRONABARGER		b. (Middle) c. (Last) 		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Sept 17, 1923	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Hours Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanical engineer		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Oak Ridge Mo
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lee Fronabarger		
13b. MOTHER'S MAIDEN NAME Effie Williams		13c. NAME OF HUSBAND OR WIFE Rada Lou Fronabarger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes I Airborn		16. SOCIAL SECURITY NO. 1-1-1-1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dreman O. Miller Mellersville 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gunshot ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) E976X		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 		19b. MAJOR FINDINGS OF OPERATION 016		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Whitewater Cape Gir Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 12 1951 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted train shot
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:40 AM , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. P. Crisped		23b. ADDRESS 14 S. Pacific St. Jackson Mo		23c. DATE SIGNED Sept 12 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 14-51		24c. NAME OF CEMETERY OR CREMATORY Russell Heights
24d. LOCATION (City, town, or county) (State) Jackson Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. Miller Jackson Mo		
DATE REC'D BY LOCAL REG. 9-17-1951		REGISTRAR'S SIGNATURE C. C. Summers		44

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

0164

1961 6 AON

RECEIVED

SEP 24 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

SEP 28 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.