

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29928

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5430		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRUBVILLE			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRUBVILLE 0360	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) JEFFERSON		c. (Last) FROST	
4. DATE OF DEATH		(Month) 8		(Day) 28		(Year) 51	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH SEPT. 4 1863	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY FARM			11. BIRTHPLACE (State or foreign country) GRUBVILLE MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE FROST		13b. MOTHER'S MAIDEN NAME LUCY WILSON		14. NAME OF HUSBAND OR WIFE EMILY FROST	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ROBT RUSSELLER 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 794X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) m.		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 8-19, 1951, to 8-28, 1951, that I last saw the deceased alive on 8-26, 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE H.M. Lenny, M.D. (Degree or title)				23b. ADDRESS Union Mo		23c. DATE SIGNED 8-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-31-51		24c. NAME OF CEMETERY OR CREMATORY GRUBVILLE		24d. LOCATION (City, town, or county) (State) GRUBVILLE MO	
DATE REC'D BY LOCAL REG. 8-31-1951		REGISTRAR'S SIGNATURE E. L. Worthington		25. FUNERAL DIRECTOR'S SIGNATURE Casey & Sons		ADDRESS St. Charles MO	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 6 - 1951

RECEIVED

NOV 2 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 *K. M. Lovel*

Licensed Embalmer No. *3691*

P. O. Address *St. Louis, 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.