

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37935

State File No. ....

FILED NOV 28 1951

BIRTH NO. .... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 565

0530

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dove - ELDRIDGE</u>	c. LENGTH OF STAY (In this place) <u>80 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Dove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dove Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Dove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle Victoria</u> b. (Middle) c. (Last) <u>Frederick</u>			4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>16</u> (Year) <u>1951</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 26, 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>William Caryell</u>		13b. MOTHER'S MAIDEN NAME <u>Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Dave Frederick</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Lowery Lebanon, Mo.</u>		ADDRESS	
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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, asphyxia, etc.* It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic valvular heart disease</u>				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) <u>c</u>  DUE TO (c) <u>c</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic glomerulo-nephritis</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 11-14, 1951, to 11-14, 1951, that I last saw the deceased alive on 11-14, 1951, and that death occurred at 8:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. R. Krauss</u> (Degree or title) <u>P.O.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>11/17/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-19-1951</u>		REGISTRAR'S SIGNATURE <u>Wella L. Day</u>		424		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. B. Palmer</u>		ADDRESS <u>Lebanon, Mo.</u>	
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NOV 24 1951

Received .....  
Laclede County Health Unit  
File No. 11-51-163  
Date Filed NOV 27 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 *L B Palmer Jr*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address *Lebanon 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.