

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41904

State File No.

046
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BIRTH NO. --- REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 480

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Independence
c. LENGTH OF STAY (in this place) 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 820 S. Pleasant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence
d. STREET ADDRESS (If rural, give location) 820 S. Pleasant

3. NAME OF DECEASED
a. (First) Isaac b. (Middle) W c. (Last) Frisbey

4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Aug. 17, 1889 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Belton, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alma Frisbey 13b. MOTHER'S MAIDEN NAME Martha Jane Frazee 14. NAME OF HUSBAND OR WIFE Mary Etta Frisbey

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 Mrs. Mary E. Frisbey ADDRESS Independence, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Heart Disease
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 4201 20. AUTOPSY? YES NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1951 to Dec 12, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Hubertson (Degree or title) md. 23b. ADDRESS North Bank Bldg Independence, Mo. 23c. DATE SIGNED 12/13/51

24a. HOSPITAL, CREMATION, REMOVAL (Specify) 24b. DATE 12/15/51 24c. NAME OF CEMETERY OR CREMATORY Graves Home Indep. Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-14-51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo.

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

DEC 26 RECD

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 _____

Warren C. Kraft

Student Embalmer No. 437

working under my personal supervision.

Student *Warren C. Kraft*
Student Embalmer

Signed *Floyd C. Carson*

Licensed Embalmer No. 4199

P. O. Address *Independence, 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.