

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **428**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **36**

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

1. PLACE OF DEATH a. COUNTY Gallaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1		d. STREET ADDRESS (If rural, give location) 915 Harding	
3. NAME OF DECEASED (Type or Print) a. (First) Helena b. (Middle) - c. (Last) Frank			4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 13- 1869
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 7 Days 15	IF UNDER 24 HRS. Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME H. B. Krumen	
13b. MOTHER'S MAIDEN NAME Elizabeth Wolking		14. NAME OF HUSBAND OR WIFE ?	
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 Hospital records Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix (uterus) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 171X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-11-52 , 19__, to 1-31-52 , 19__, that I last saw the deceased alive on 1-30-52 , 19__, and that death occurred at 8:55 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) o m j Miller M.D.		23b. ADDRESS State Hospital No 1 Fulton, Mo	23c. DATE SIGNED 1-31-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Feb. 2-1952	24c. NAME OF CEMETERY OR CREMATORY Querechubon	24d. LOCATION (City, town, or county) (State) Jeff. City Mo
DATE REC'D BY LOCAL REG. Jan. 31-1952	REGISTRAR'S SIGNATURE Maretta Lawrence	426-0	25. FUNERAL DIRECTOR'S SIGNATURE Dulle Funeral Home
(Licensed Embalmer's Statement on Reverse Side)			

Jefferson City, Mo

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 Hubert Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City

'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.