

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4099

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>4054</u>		Registrar's No. <u>181</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rushville</u>		c. LENGTH OF STAY (In this place) <u>80 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rushville</u> <u>0110</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rushville</u>				d. STREET ADDRESS (If rural, give location) <u>Rushville</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>			b. (Middle) _____		c. (Last) <u>Frakes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>12</u> <u>1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 26, 1865</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Frakes</u>			13b. MOTHER'S MAIDEN NAME <u>Sycha Clevenger</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Frakes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Brown, Rushville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause 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) <u>Myocardial Failure acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					15 yrs
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>					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) _____		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 <u>Mar. 5, 1951</u> to <u>Feb. 12, 1952</u> , that I last saw the deceased alive on <u>Dec. 15, 1951</u> , and that death occurred at <u>4:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. S. Brindley M.D.</u> (Degree or title)				23b. ADDRESS <u>Atchison Kan.</u>		23c. DATE SIGNED <u>2/13/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Armstrong</u>		24d. LOCATION (City, town, or county) (State) <u>Rushville Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 15, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cantel</u> <u>446</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. M. Oyer</u> <u>Atchison, Kan.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. M. Meyer

Licensed Embalmer No. 4320

P. O. Address Atchison, Kan.

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.