

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23369

No. 300 JUN 30 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>852</u>		PRIMARY REG. DIST. NO. <u>4189</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rockaway Beach</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rockaway Beach</u>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Swan Tr</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Bart</u> c. (Last) <u>Frame</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-52</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>5/29/1885</u>	
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u> Hours <u>1</u> Mins. <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Melvern Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>Amer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>		13a. FATHER'S NAME <u>James Bascom Frame</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Baker</u>	
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Roda Lyons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H-B Nickell</u> ADDRESS <u>Rockaway</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration.</u>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute mark. Clot -</u>					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Has heart condition for past 8 years -					
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation -</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>1046 10 June 25, 1952</u> that I last saw the deceased alive on <u>6/24, 1952</u> , and that death occurred at <u>9:15 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry P. Kiowles M.D.</u>				23b. ADDRESS <u>Rockaway Beach, Mo</u>		23c. DATE SIGNED <u>6/25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frank Memorial Park, Branson, Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>6-27-52</u>		REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.D. Whelchel</u> ADDRESS <u>Branson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

260
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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 Miriam P. G. [Signature]

Licensed Embalmer No. 22 77

P. O. Address Granston M.

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.