

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30925

State File No.

OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>1624 S. Barret St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ED</u>	b. (Middle)	c. (Last) <u>Frank</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6 1952</u>
---	-------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 7 1896</u>	9. AGE (in years last birthday) <u>56</u>	10. MONTH <u>5</u>	11. DAY <u>29</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------	-------------------------------	---	---	---	--------------------	-------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	--

13a. FATHER'S NAME <u>John Frank</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Steinbrink</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	---	--

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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records, Fulton, Mo</u>	ADDRESS
---	--------------------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia.</u>		
	ANTECEDENT CAUSES 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	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 9/24, 1952, to 10/6, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 4:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Hunter W. ...</u>	(Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>10-6-52</u>
--	-------------------	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 6 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedalia</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
---	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 6 1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel E. ...</u>	ADDRESS <u>...</u>
--	--	--	-----------------------

(Licensed Embalmers' Statement on Reverse Side)

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

43
2

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 James E. Richards
Licensed Embalmer No. 2466

P. O. Address Septon 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.