

DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38257
Registrar's No. 89

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4198</u>		Registrar's No. <u>89</u>			
1. PLACE OF DEATH a. COUNTY <u>Gentry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u> d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>W.</u> c. (Last) <u>Frank</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1952</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 1, 1887</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Waymond Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie J. Moberly</u>			14. NAME OF HUSBAND OR WIFE <u>Lon C. Frank</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 <u>Lon C. Frank</u> ADDRESS <u>King City, Missouri</u>					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Sigmoid</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>10-10-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Colon. Metastasis to liver. Genuitum</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Oct 31, 1952</u> , to <u>Nov 22, 1952</u> , that I last saw the deceased alive on <u>11-21, 1952</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. Blacklock</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>King City, Mo.</u>			23c. DATE SIGNED <u>11-23-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>24 Nov-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov 24 - 52</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland D. Clark</u> ADDRESS <u>King City, Mo.</u>				

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

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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. 4477

working under my personal supervision.

Student
Student Embalmer

Signed Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.