

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8375**

FILED FEB 13 1953

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Marshall		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION Police station, Marshall				d. STREET ADDRESS (If rural, give location) 369 South Lafayette			
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) Harry		c. (Last) Frink	
4. DATE OF DEATH Feb. 9th, 1953.		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 1st, 1903.		9. AGE (In years last birthday) 49		10. MONTHS 7		11. DAYS 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Operator		10b. KIND OF BUSINESS OR INDUSTRY Police Station		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME H.R. Frink		13b. MOTHER'S MAIDEN NAME Grace Mae Patton		14. NAME OF HUSBAND OR WIFE Olivia Roberts Frink			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 499-09-3923		17. INFORMANT'S SIGNATURE OR NAME Mrs Olivia R. Frink, Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201				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 Jan , 19 52 , to Feb 9 , 19 53 , that I last saw the deceased alive on Feb 5 , 19 53 , and that death occurred at LISA m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard D. Wickless D.O.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 2-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park cemetery, Columbia, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Feb 9 - 1953		REGISTRAR'S SIGNATURE Sidney T Gray		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

972
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MAR 30 1964

VS NOV 3 1960

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 H. Lewis

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.