

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21376**

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 66

0410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bethany trwp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u>		b. (Middle) <u>Elizaketh</u>	
c. (Last) <u>Frame</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-22-1859</u>
9. AGE (In years last birthday) <u>93</u>		10. F UNDER 1 YEAR Months <u>8</u> Days <u>29</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Gurnsey Co. Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Stottler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rose</u>	
14. NAME OF HUSBAND OR WIFE <u>John Frame</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If under war or date of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Hendren</u>		ADDRESS <u>Bethany Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
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 <u>4222</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>2</u> , 19 <u>46</u> , to <u>6-21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>53</u> , and that death occurred at <u>2:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. F. Proyer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bethany Mo.</u>	
23c. DATE SIGNED <u>6/22/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Morris Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/27/53</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> ADDRESS <u>116</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Shaw</u>		ADDRESS <u>Bethany, Mo.</u>	

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 M. Stanton

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.