

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31559

State File No.

FILED SEP 28 1953

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BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>4200</u>		Registrar's No. <u>882-A</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R.R. #2</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>E.</u>		c. (Last) <u>FRAME</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15, 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>July 18-1879</u>		9. AGE (In years last birthday) <u>74</u>	
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 <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edward Scott</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Morris</u>			14. NAME OF HUSBAND OR WIFE <u>F.A. Frame</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amon Frame</u>				ADDRESS <u>Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA GASTRIC</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS</u> DUE TO (c) <u>CARDIAC INFARCTION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</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) (Min)		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>1-15, 1953</u> , to <u>9-15, 1953</u> , that I last saw the deceased alive on <u>9-15, 1953</u> , and that death occurred at <u>4:30p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>G. F. Slagter, D.O.</u>				23b. ADDRESS <u>Ash Grove Mo</u>			23c. DATE SIGNED <u>9/16/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 17-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>John's Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-22-53</u>		REGISTRAR'S SIGNATURE <u>Todd Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernie Laurel Ash Grove Mo</u>		ADDRESS			

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

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Gayle L. Daniel

Licensed Embalmer No. _____

4702

P. O. Address _____

Adm 3702-10

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.