

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32429**
Registrar's No. **64**

RECEIVED OCT 15 1953

REG. DIST. NO. **250**

PRIMARY REG. DIST. NO. **5771**

BIRTH NO.		REG. DIST. NO. 250		PRIMARY REG. DIST. NO. 5771		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion Twp.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion Twp		0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) L. c. (Last) Torrey			4. DATE OF DEATH (Month) (Day) (Year) 10-3-53				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-10-1867		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 1000 Hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Putman Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lafayette Torrey		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Simores		14. NAME OF HUSBAND OR WIFE Susan Ann Torrey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Torrey Mercer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of Left Foot				INTERVAL BETWEEN ONSET AND DEATH 20 min. years 6 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		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 Sept 1, 1953 , to Oct 3, 1953 , that I last saw the deceased alive on Oct 3, 1953 , and that death occurred at 10:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Geo. J. Harrison M.D.				23b. ADDRESS Box 98 - Mercer, Missouri		23c. DATE SIGNED Oct 7, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-5-53		24c. NAME OF CEMETERY OR CREMATORY Torrey		24d. LOCATION (City, town, or county) (State) Putman Co., Mo	
DATE REC'D BY LOCAL REG. 10-8-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, Mo			

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 _____

Student Embalmer No. ME

working under my personal supervision.

Student

Student Embalmer

Signed Geo. Frost

Licensed Embalmer No. 2634

P. O. Address Sumner 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.