

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42389**

No. 300
10-48

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5296 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN TRIMBLE)		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN TRIMBLE, R.F.D. Hardin Twp.	
c. LENGTH OF STAY (in this place) 62 yrs.		d. STREET ADDRESS (If rural, give location) 5 Miles N.E. of TRIMBLE, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME OF GRAYSON, MO.			

3. NAME OF DECEASED (Type or Print)	a. (First) ELLA	b. (Middle) G.	c. (Last) FROMAN	4. DATE OF DEATH (Month) (Day) (Year) DEC. 6, 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 8, 1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months II Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) PLATTE COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BUFORD ADKINS	13b. MOTHER'S MAIDEN NAME MARGARET BIVENS	14. NAME OF HUSBAND OR WIFE JAMES FROMAN	DIED 1944
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME A.I. FROMAN	ADDRESS 5434 Central K.C. MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardia		
	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. Malnutrition		6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 20, 1953 to Dec 6, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.B. Shallding M.D.	23b. ADDRESS Plattburg Mo	23c. DATE SIGNED 4-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-8-'53	24c. NAME OF CEMETERY OR CREMATORY STONY POINT CEMETERY	24d. LOCATION (City, town, or county) (State) CLINTON COUNTY, MO.
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DATE REC'D BY LOCAL REG. Dec 7, 1953	REGISTRAR'S SIGNATURE Elizabeth Searce	441-0	25. FUNERAL DIRECTOR'S SIGNATURE MCCOMAS FUNERAL HOME,	ADDRESS SMITHVILLE, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1956

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 *Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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.