

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42904**  
**5669**

FILED DEC 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Shawnee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>6 wks.</b>	c. CITY OR TOWN <b>Silver Lake</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elms Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Rose</b> c. (Last) <b>Fronk</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 1, 1953</b>	
5. SEX <b>Fem</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>12-20-1883</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Meriden, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Adam Fronk</b>	
13b. MOTHER'S MAIDEN NAME <b>Sophia Sick</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Melvin Davis, 6012 Park, K.C., Mo.</b>
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) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive arteriosclerotic heart disease</b> DUE TO (c) <b>with terminal uremia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Polycythemia vera</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>33 da</b>		?	
19a. DATE OF OPERATION <b>Nov 1-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>2200gm fibroid uterus 4200</b>	
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) m.		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 <b>Oct. 25, 1953</b> , to <b>Dec. 1, 1953</b> that I last saw the deceased alive on <b>Dec. 1, 1953</b> , and that death occurred at <b>9:15 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. A. Morley</b> (Degree or title) <b>L. A. Morley, M.D.</b>		23b. ADDRESS <b>1103 E. Union Blvd</b>	23c. DATE SIGNED <b>12-2-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-2-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Meriden Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Meriden, Kansas</b>
DATE REC'D BY LOCAL REG. <b>12-2-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C. L. Forster, 218 Brooklyn, K.C., Mo.</b>		ADDRESS	

MAY 28 1954

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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.....  
Signature of Student Embalmer

Signed *Pearl Owens*.....

Licensed Embalmer No. *4280*.....

P. O. Address *K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.