

## STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 1071. PLACE OF DEATH  
a. COUNTY Boone2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Cassb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbrac. CITY OR TOWN RURAL d. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Frischel State Cancer Hospe. STREET ADDRESS (If rural, give location) 2 miles South of Harrisville3. NAME OF DECEASED  
a. (First) Frankb. (Middle) Leec. (Last) Yoder4. DATE OF DEATH (Month) (Day) (Year) Apr 17 19545. SEX male6. COLOR OR RACE Cauc7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married8. DATE OF BIRTH Feb 13-18969. AGE (in years last birthday) 58 UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer10b. KIND OF BUSINESS OR INDUSTRY Farming11. BIRTHPLACE (City and State or Foreign Country) Garden City, Mo12. CITIZEN OF WHAT COUNTRY? U.S.A.13a. FATHER'S NAME Joe Yoder13b. MOTHER'S MAIDEN NAME Sarah Kauffman14. NAME OF HUSBAND OR WIFE Ann Yoder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellis Frischel State Cancer Employee18. 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) Pulmonary Tuberculosis  
ANTECEDENT CAUSES  
Morbidity 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.INTERVAL BETWEEN ONSET AND DEATH 13 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 002X20. AUTOPSY? YES  NO 

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  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21-1954 to 4-17-1954, that I last saw the deceased alive on 4-17-1954, and that death occurred at 10:45 a.m., from the causes and on the date stated above.23a. SIGNATURE (Name or title) Neal M. Jolley M.D.23b. ADDRESS Ellis Frischel State Cancer Hosp23c. DATE SIGNED 4-17-54

24a. BURIAL CREMATION REMOVAL (Specify)

24b. DATE April 20 195424c. NAME OF CEMETERY OR CREMATORY Harrisville Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. April 19, 1954REGISTRAR'S SIGNATURE Mrs. R. E. Palmer25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Attorney Ben Harrisville, Mo.

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

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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 *Robert W. Atkinson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Harrisonville*.....

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.