

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38293**

FILED DEC 15 1954

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **222**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 1 yr. 7 mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McFarland Nursing Home		e. STREET ADDRESS (If rural, give location) 1655 Themis Street	
3. NAME OF DECEASED a. (First) AMANDA b. (Middle) S. c. (Last) FRENZEL			4. DATE OF DEATH (Month) (Day) (Year) December 1, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 2, 1873
9. AGE (In years last birthday) 80 11 Months 29 Days 29 Hours 19 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME George Schindwein	
13b. MOTHER'S MAIDEN NAME Raechel Parr		14. NAME OF HUSBAND OR WIFE Edward Frenzel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. O. L. Fitzgerald Cape Gir. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis		INTERVAL BETWEEN ONSET AND DEATH Several years
ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Senile Dementia		
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 **past year**, 19____, that I last saw the deceased alive on **11-15**, 1954, and that death occurred at **11:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Frenzel md (Degree or title) <input type="checkbox"/>		23b. ADDRESS Rolla mo.		23c. DATE SIGNED 12-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 4, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	

DATE REC'D BY LOCAL REG. Dec. 8, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoll	390	25. FUNERAL DIRECTOR'S SIGNATURE Walter's Funeral Home	ADDRESS Cape Gir. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul E. Ne...*

Licensed Embalmer No... *44*

P. O. Address... *Rolla*

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.