

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40515**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>	PRIMARY REG. DIST. NO. <u>5388</u>	Registrar's No. <u>92</u>
1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>		
b. CITY OR TOWN <u>Rural-Short Bend</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>22 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Short Bend Twsp-RR#4</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hwy 19-No. of Salem, Mo.</u>				
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) _____	b. (Middle) _____	c. (Last) <u>FRIZZELL</u>
4. DATE OF DEATH <u>Dec 20 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1875</u>	9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jim Biggs</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Jefferson Frizzell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jeff Frizzell, Rte 4, Salem, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of Esophageal Varices</u> ANTECEDENT CAUSES <u>Hepatic cirrhosis</u> <u>chronic congestive heart failure</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 MIN</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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 <u>Feb</u> , 19 <u>54</u> , to <u>Dec 18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12/18</u> , 19 <u>54</u> , and that death occurred at <u>1:15</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>O J Briggs M.D.</u> (Degree or title)		23b. ADDRESS <u>Salem Mo.</u>		23c. DATE SIGNED <u>12/21/54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-22-54</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by M. G. E.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blackwell-Warfel Salem, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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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 Max L. Waibel

Licensed Embalmer No. 417

P. O. Address Salem

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.