

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **845**

FILED FEB 14 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Nixa, Route #1	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) 4 1/2 Years		e. STREET ADDRESS (If rural, give location) "Rural" Porter 0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrison Rest Home 4			

3. NAME OF DECEASED (Type or Print)	a. (First) LEONA	b. (Middle) LEOTA	c. (Last) FRONABERGER	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 8, 1871	9. AGE (In years last birthday) 84	10. MONTHS 0	11. DAYS 0	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and State or Foreign Country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Chas. Ryan	13b. MOTHER'S MAIDEN NAME Margaret Maynard	14. NAME OF HUSBAND OR WIFE 1. Frank Wilson 2. Sidney Fronaberger
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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 Mrs. Marshall Willoughby	ADDRESS Nixa, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Coronary		INTERVAL BETWEEN ONSET AND DEATH None
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) Arterio sclerosis.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Smoking		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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 Oct, 1954, to Feb. 6, 1955, that I last saw the deceased alive on Feb 5, 1955, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Newton Washburn M.D. (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 2-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Delaware Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co., Missouri
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DATE REC'D BY LOCAL REG. 2-10-55	REGISTRAR'S SIGNATURE Wm. Williamson	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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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..... *John Alean Harris*

Licensed Embalmer No. *4390*

P. O. Address..... *Cleveland, Y.*

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.