

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 19 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 100E Registrar's No. 1867

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 10 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4235 Locust		STREET ADDRESS (If rural, give location) 4235 Locust	
3. NAME OF DECEASED (Type or Print) LOUISE		a. (First) K.	
b. (Middle)		c. (Last) FROLICH	
4. DATE OF DEATH April 26, 1955		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 26, 1891		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Oslo, Norway		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Halbard Sellage		13b. MOTHER'S MAIDEN NAME Louise Lysholm	
14. NAME OF HUSBAND OR WIFE Andrew K. Frolich		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 Andrew K. Frolich, 4235 Locust, K.C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) Carcinoma of ovary. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Multiple Sclerosis - Diabetic Mellitus - Coronary Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death 175X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Malignant Ovar. Ovary.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>12/6/47</u> , 19 <u>47</u> , to <u>4/26/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/26/55</u> , 19 <u>55</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE H. P. Boughnau		23b. ADDRESS 310 Nichols Rd. K.C. Mo.	
23c. DATE SIGNED 4/27/55		23d. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4/28/55	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 4-28-55		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. P. Baughman

315 Nichols Rd.

Lo 7400

Exp 5:55

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

Elms D. Zippert

Licensed Embalmer No. 481

P. O. Address Kansas City

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.