

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21273

State File No.

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **4054** Registrar's No. **853**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan <i>0/10</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rushville Town 3		c. CITY OR TOWN Rushville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>0</i>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.R. Rightofway			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ALVA c. (Last) FRAKES			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8a. DATE OF BIRTH Sept. 9, 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY R.I. R.R.	11. BIRTHPLACE (City and State of Foreign Country) De Kalb Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Frakes		13b. MOTHER'S MAIDEN NAME Hannie Wiskerson		14. NAME OF HUSBAND OR WIFE Birdie Frakes	
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. 708-10-7924		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Birdie Frakes, Rushville, Mo	

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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day.	
		ANTECEDENT CAUSES DUE TO (b) 4201			
		DUE TO (c) Man Collapsed while at work and died suddenly.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION There is no history of recent serious illness or disability		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 *viewed* from **On 8/8, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy, Coronor, M.D.		23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 8/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-8-1955		24c. NAME OF CEMETERY OR CREMATORY Atchison, Kansas	
		24d. LOCATION (City, town, or county) (State) Atchison, Kansas			

DATE REC'D BY LOCAL REG. Aug 12, 1955		REGISTRAR'S SIGNATURE Gather M. Allison		2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 11 1955

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 *Alvin E. Bazar*.....

Licensed Embalmer No. *499*.....

P. O. Address *St. Joseph*.....

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.