

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21961

State File No.

FILED JUL 25 1955

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (if outside corporate limits, give RURAL and give town or township) <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY OR TOWN <u>West Plains</u>		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 <input checked="" type="checkbox"/>				e. STREET ADDRESS (If rural, give location) <u>502 Oak St., 044/0</u>					
3. NAME OF DECEASED (First) <u>Ovis</u> (Middle) <u>Jalmadge</u> (Last) <u>Frank</u>			4. DATE OF DEATH (Month) <u>7</u> (Day) <u>4</u> (Year) <u>1955</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>4-27-1897</u>			
9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>		11. IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>					
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) <u>Viola, Ark.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>G. J. Frank</u>		13b. MOTHER'S MAIDEN NAME <u>Rena Penbrook</u>			
14. NAME OF HUSBAND OR WIFE <u>Essie R. Frank</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>430-26-4216</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. Frank</u>				17. ADDRESS <u>West Plains, Mo</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 WEEKS</u>			
				ANTECEDENT CAUSES		DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u>		<u>6 YEARS</u>	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>PREVIOUS INFARCTION</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					
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) _____ (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 <u>5-29-1955</u> to <u>7-4-1955</u> , that I last saw the deceased alive on <u>7-3-1955</u> and that death occurred at <u>12:20 P.M.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jack N. Wilson, M.D.</u>				23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>7-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>7-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Viola, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>7-20-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379. _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert</u> ADDRESS <u>West Plains, Mo</u>			

1956
AUG 8

STATEMENT BY LICENSED EMBALMER

Handwritten scribbles

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *International Embalmers* Student Embalmer No. *1111* working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Robert*

-Licensed Embalmer No. *312*

P. O. Address *West Hill*

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.