

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

1343

State File No. _____

114

FILED JAN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
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. LENGTH OF STAY (in this place) 38 yrs.		c. CITY OR TOWN Kansas City		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 St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 6309 Walnut				3865			
3. NAME OF DECEASED (Type or Print) FRONCIE			a. (First)		b. (Middle)		c. (Last) FRISTOE				
4. DATE OF DEATH Jan. 9, 1956			7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 7, 1889		9. AGE (In years last birthday) 66				
5. SEX female		6. COLOR OR RACE white		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) Plattsburg, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Thomas B. Gill			13b. MOTHER'S MAIDEN NAME Jennie Hockaday			14. NAME OF HUSBAND OR WIFE John D. Fristoe, jr.		
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. none			17. INFORMANT'S SIGNATURE OR NAME ADDRESS John D. Fristoe, jr., 6309 Walnut, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism						INTERVAL BETWEEN ONSET AND DEATH 4 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction						4 "	
				DUE TO (c) Coronary Atherosclerosis						years	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atherosclerosis						" "	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4201						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>Jan 5, 1956</u> , to <u>Jan 9, 1956</u> , that I last saw the deceased alive on <u>2/7/56</u> , and that death occurred at <u>2:30 P.M.</u> from the causes and on the date stated above.											
23a. SIGNATURE Arnold V Arms (Degree or title) MD					23b. ADDRESS 4635 Wyandotte St. City Mo			23c. DATE SIGNED 1/9/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 1-10-56		24c. NAME OF CEMETERY OR CREMATORY Miami			24d. LOCATION (City, town, or county) (State) Miami, Missouri			
DATE REC'D BY LOCAL REG. 1-10-56			REGISTRAR'S SIGNATURE Meva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

Dr. Arnold V. Arms
4635 Wyandotte

MS
JUL 27 1958

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 Gerald A. Burger.....

Licensed Embalmer No. 476

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.