

No. 300
10. 48

FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9509**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN JOPLIN	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 601 SOUTH OAKLAND		e. STREET ADDRESS (If rural, give location) 218 NORTH BYERS	

3. NAME OF DECEASED (Type or Print) a. (First) ADDIE b. (Middle) FRIZZELL c. (Last) HAMILTON			4. DATE OF DEATH (Month) (Day) (Year) MARCH 30 1956		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH NOVEMBER 4, 1880		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME AMASA FRIZZELL		13b. MOTHER'S MAIDEN NAME LUCY TENNIS		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME WALTER M. FICKLE ADDRESS WEBB CITY, MO			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition and Debilitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma of Liver			INTERVAL BETWEEN ONSET AND DEATH 1 month 5 month Unknown
		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 155X			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)			
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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?			
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22. I hereby certify that I attended the deceased from 1-18, 1956, to 3-30, 1956, that I last saw the deceased alive on 3-2, 1956, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS 624 W. Broadway, Webb City, Mo.		23c. DATE SIGNED 3/31/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-2-1956	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MO		
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DATE REC'D BY LOCAL REG. 3-31-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO		
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(Licensed Embalmer's Statement on Reverse Side)

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

4740

RECEIVED ~~2 1956~~ 2 1956
Jasper County Health Office
County File Number 56-44-878
Date Filed APP 2 1956

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 L. J. Lewis.....

Licensed Embalmer No. 456

P. O. Address Wade 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.