

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29619

State File No.

FILED AUG 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6197</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL</u>		c. LENGTH OF STAY (in this place) <u>89d.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>2 miles So. Cabool</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>TOBE</u>		b. (Middle)		c. (Last) <u>FRISBEE</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>OCT. 19-1882</u>	
9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TEXAS Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHESTER FRISBEE</u>		13b. MOTHER'S MAIDEN NAME <u>OLLIE DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>BELLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Belle Frisbee, Cabool, Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>331x</u>			
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>July 10th</u> , 19 <u>55</u> , to <u>August 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/14</u> , 19 <u>56</u> , and that death occurred at <u>9:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. L. Spear M.D.</u>				23b. ADDRESS <u>Cabool, Mo.</u>		23c. DATE SIGNED <u>8-16-56</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>8-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MTN. GROVE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-17-56</u>		REGISTRAR'S SIGNATURE <u>Laynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Matry, Cabool, Mo.</u>			

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

JUL 31 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
Student Embalmer

Signed

James L. Bentr

Licensed Embalmer No. 4718

P. O. Address Calool, Mo.

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 this body is not embalmed, fact should be so stated above.