

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30387

FILED OCT 15 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 907

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY mailing address OR TOWN <u>Eureka Springs, Ark</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St John Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>17 Mi Southeast Cassville Mo</u>	
Length of stay in 1b <u>25 da</u>		Residence Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>Fritsch</u> Last <u>Fritsch</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>5</u> Year <u>1956</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 15 1905</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Chicago Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>Harry C Richards</u>	14. MOTHER'S M maiden NAME <u>Victoria Ann Smith</u>
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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.	17. INFORMANT <u>G.P. Fritsch, Eureka Springs Ark</u>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ischemic gangrene of legs and hips</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
DUE TO (b) <u>Saddle embolus of aortic bifurcation</u>		<u>5 weeks</u>
DUE TO (c) <u>Rheumatic heart disease with mural thrombosis of left auricle</u>		<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>416X</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from 9-10-56 to 10/5/56 and last saw her alive on 10/5/56  
 Death occurred at 9 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Andrew John M.D.</u>	22b. ADDRESS <u>307 Professional Bldg Springfield Mo</u>	22c. DATE SIGNED <u>10/6/56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-5-56</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>Chicago Ill.</u>
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24. FUNERAL DIRECTOR <u>Culver Funeral Home, Cassville Mo</u>	ADDRESS <u>10-9-56</u>	25. DATE RECD. BY LOCAL REG. <u>10-9-56</u>	26. REGISTRAR'S SIGNATURE <u>Edna Williams</u>
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(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1962

NOV 4 1961

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

APR 19 1961

Signed.....  
*Paul P. Herbert*

Licensed Embalmer No. 45

P. O. Address *Carroll*

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