

FILED APR 2 - 1957

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3013 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> <u>0321</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>0321</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>		c. CITY OR TOWN <u>Cameron</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>714 W. 8th Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Leona O'Kelle Frost.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 25 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 9, 1899</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>27</u>
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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Patton'sburg MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>James H. Stark</u>		13b. MOTHER'S MAIDEN NAME <u>Corra M. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Russell G. Frost.</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>490-34-8143</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell G. Frost</u> ADDRESS <u>Cameron, 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>Acute Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypercholesterolemia</u>			<u>6 YRS.</u>
		DUE TO (c) <u>Diabetes Mellitus</u>			<u>10 YRS.</u>
		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 <u>260x</u>			20. AUTOPSY? <u>2</u> 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) (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 Aug 1956, to March 25, 1957, that I last saw the deceased alive on May 23, 1957 and that death occurred at 6:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. Compton M.D.</u>		23b. ADDRESS <u>Cameron, MO</u>		23c. DATE SIGNED <u>3-28-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Civil Bend Cemetery CIVIL BEND MO</u>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>3-29-57</u>		REGISTRAR'S SIGNATURE <u>James D. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK Cameron MO</u>	

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

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 *James W. Larson*.....
Licensed Embalmer No. *4889*.....

P. O. Address *Lathrop, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.