. Health,
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securing the medical certification in the specific manner required by 193.140 RSMo 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14369
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osceola — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Todd' Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Clair
c. CITY OR TOWN Osceola — Inside Limits Yes X No ☐
d. STREET ADDRESS 0930 0 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Sammie Middle Lee Last Frizzell
4. DATE OF DEATH Month Apr Day 10 Year 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb;27,1933
9. AGE (In years last birthday) 24
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Grandid Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lee Frizzell
14. MOTHER'S MAIDEN NAME Ethel Rodds
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-32-4550
17. INFORMANT Address Arlyss Frizzell, Osceola Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Lung Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Accidental Traumatism by Shotgun
DUE TO (c) 9195
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 43
19. WAS AUTOPSY PERFORMED? YES X NO ☐ 1

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Playing gun in back of truck & hammer caught on board firing gun point blank
20c. TIME OF INJURY Hour ~~a.m.~~ p.m. 4:10 Month, Day, Year 4 10 57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Country Road
20f. CITY, TOWN, OR LOCATION 093 COUNTY St. Clair STATE County

21. I attended the deceased from _____, to _____ and last saw ~~her~~ him alive on 4-10-57
Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Mark Todd (Degree or title) DO 2
22b. ADDRESS Osceola Mo.
22c. DATE SIGNED 4/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/13/57
23c. NAME OF CEMETERY OR CREMATORY Kings Prairie
23d. LOCATION (City, town, or county) (State) Gerster Mo

24. FUNERAL DIRECTOR F B Funeral ADDRESS Osceola Mo
25. DATE RECD. BY LOCAL REG. 4-17-57
26. REGISTRAR'S SIGNATURE Ruth Sievers

(Licensed Embalmer's Statement on Reverse Side)

289-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul Dunstone.....

Licensed Embalmer No. 399

P. O. Address Orcang W

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