

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16314

STATE FILE NUMBER

FILED JUN 13 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 382

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Osceola Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Patrick Frizzell First Middle Last		4. DATE OF DEATH May 23, 1957 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1940
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At School	100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poplar Bluff Mo.	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. Month 0 Days 0 Hours 0 Min. 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Lee Frizzell	
14. MOTHER'S MAIDEN NAME Ethel Rodda		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.		17. INFORMANT Mrs Ethel Frizzell Osceola Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due to Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) While in Swimming DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 42			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Was in swimming		
20c. TIME OF INJURY 5:00 p.m. 5-23, 57 Hour Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Black River	20f. CITY, TOWN, OR LOCATION Poplar Bluff COUNTY Butler STATE Mo.	
21. I attended the deceased from 5:00 p.m. to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Grover Wheeler (Degree or title)		22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED June 2-57
23a. BURIAL, CREMATION, REMOVAL, SPECIFIED	23b. DATE May 27-57	23c. NAME OF CEMETERY OR CREMATORY Kings Prairie	23d. LOCATION (City, town, or county) (State) Osceola Mo
24. FUNERAL DIRECTOR Franks - Cotrell ADDRESS Poplar Bluff Mo		25. DATE REGD. BY LOCAL REG. 6/8/57	26. REGISTRAR'S SIGNATURE R. D. Duncanson

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 11 1957 JUN 11 1957
BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Frank M. Hill*

Licensed Embalmer No. *5006*

P. O. Address *Fowler, N.Y.*

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.