

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 27 4 28  
STATE FILE NUMBER

FILED SEP 10 1957

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <b>Barry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>Ottawa</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Commerce</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>700 West Street</b>		Length of stay in 1b	d. STREET ADDRESS <b>303 N. Vine</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>FRANK</b>			4. DATE OF DEATH <b>SEPT. 5, 1957</b>		
First	Middle	Last	Month	Day	Year
5. SEX <b>male</b>			6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
8. DATE OF BIRTH <b>Oct. 10, 1874</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>section foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>	11. BIRTHPLACE (City and state or country) <b>Atchison, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Joe Pacht</b>			14. MOTHER'S MAIDEN NAME <b>Kate Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-03-8937</b>	17. INFORMANT Address <b>Mrs. Thelma Geren-Commerce, Okla.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>					2 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>4:15</b> Month, Day, Year a. m. p. m.					
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 <b>June 57</b> , to <b>Sept '57</b> and last saw her/him alive on <b>Sept. 5</b> Death occurred at <b>4:15 p m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Laportwa Do.</b>		22b. ADDRESS <b>Cassville, Mo</b>		22c. DATE SIGNED <b>9-6-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<b>Burial</b>		<b>9-6-1957</b>	<b>Greenlawn Cemetery</b>		<b>Springfield, Missouri</b>
24. FUNERAL DIRECTOR <b>Culver's</b>		ADDRESS <b>Cassville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-6-1957</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 957-162

DATE REC. 9-9-57

SEP 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 45

P. O. Address Cassville

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.