

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43799

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 5907

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Haskell		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Copeland		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A MUNICIPAL AIR PORT D.O.A.		Length of stay in 1b	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) First ROY Middle Last FRANK			4. DATE OF DEATH Month Dec Day 13 Year 1957		
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 NOV. 6, 1927	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXCAVATING CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME HERMAN FRANK			14. MOTHER'S MAIDEN NAME CARRIE KOEHN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address MISS DOROTHY FRANK Copeland KS.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) probable ruptured aneurysm of middle cerebral artery DUE TO (b) middle cerebral artery DUE TO (c) one day history of convulsions, coma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) evidence of intra cranial hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 330X
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 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. S. Pate M.D., Coroner (Degree or title)			22b. ADDRESS North Kansas City, MO		22c. DATE SIGNED 12/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-14-57	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) GARDEN CITY KANSAS
24. FUNERAL DIRECTOR D.W. Newton's Son N.H.C. Inc.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-14-57	25. REGISTRAR'S SIGNATURE Neval Marshall	

104 E 49 *Utter*



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 *John H. Hallock*

Licensed Embalmer No. *494*

P. O. Address *Mo. Kansas*

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.