

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

1241

62

Registration District No. 149

Primary Registration District No. 1002

Registration No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in lb 28 yrs.	
3. NAME OF DECEASED (Type or print) First Reginald Middle D. Last Frame Sr.		4. DATE OF DEATH Month 1 / Day 4 / Year 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bailiff (Since 1950)		10b. KIND OF BUSINESS OR INDUSTRY District Court	
13a. FATHER'S NAME Harry Frame		13b. MOTHER'S MAIDEN NAME Sula Massey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT Josephine M. Frame		Address 5429 Harrison K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac failure DUE TO (b) Nephritis & Nephrosis DUE TO (c) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 1/2 hrs 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4:01		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 — a.m. — p.m. —		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1952 to 1-4-58 and last saw him alive on 1-4-58 Death occurred at 6:27 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John T. Skinner MD (Degree or title)	
22b. ADDRESS 1102 Grand - K. CMG		22c. DATE SIGNED 1-6-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.
24. FUNERAL DIRECTOR ADDRESS Melody McGilley-Eylar 1800 E. Linwood K.C. Mo.		25. DATE RECD. BY LOCAL REG. 1-6-58	
26. REGISTRAR'S SIGNATURE Neva Marshall			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. J. T. Skinner
Deputy Registrar
VI-2-7010

1001-512m

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 *Melvin Barker*

Licensed Embalmer No. *4923*
P. O. Address *17 1/2*

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.