

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024630
STATE FILE NUMBER
759

42

1000

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JUL 28 1958

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1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Union Star 0320	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 2 Wks		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Willie Winston Frank	4. DATE OF DEATH Month Day Year July 11 1958
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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 Feb. 11, 1880	9. AGE (In years from birthday) 76	10. UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Beef cattle	11. BIRTHPLACE (City and state or country) DeKalb Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Frank	13b. MOTHER'S MAIDEN NAME Susie Barbee	14. NAME OF HUSBAND OR WIFE Ethel Frank
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, no, or, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT Ethel Frank	Address Union Star, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Nephritis		INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	Unknown
	DUE TO (c) 446X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease		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.)
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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
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21. I attended the deceased from Death occurred at 6-27-58 4:55 p.m. to 7-11-58 and last saw xx him alive on 7-11-58		and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Challen Sperlman, M.D.	22b. ADDRESS 706 Francis St. Joseph, Mo.	22c. DATE SIGNED 7-14-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 58	23c. NAME OF CEMETERY OR CREMATORY Union Star,	23d. LOCATION (City, town, or country) (State) Union Star, Missouri
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24. FUNERAL DIRECTOR Roland D Clark	ADDRESS Kirig City	25. DATE RECD. BY LOCAL REG. July 18, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 *Roland D. Clark*

Licensed Embalmer No. *4477*
P. O. Address *King City*

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.