

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026290

STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 43

300
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1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rocky-Mount- 6660 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. S-W-Rocky-Mount- Length of stay in lb 2 yrs		d. STREET ADDRESS (If outside, give location) 6 mi. S-W-Rocky-Mount Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last FRANK- Joseph FRELICH			4. DATE OF DEATH Month Day Year June 29- 1958
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 15 June-1894
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher-High-School	
11. BIRTHPLACE (City and state or country) Maribel Wis-1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK- FRELICH		13b. MOTHER'S MAIDEN NAME MARY- Kozlowsky	
14. NAME OF HUSBAND OR WIFE GRACE- FRELICH		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No - NONE	
16. SOCIAL SECURITY NO.		17. INFORMANT Address GRACE- FRELICH- Rocky-Mount- 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 Circulatory Failure DUE TO (b) Coronary Thrombosis with Myocardial Infarction DUE TO (c) Arteriosclerosis 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH
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.) None	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None		20d. INJURY OCCURRED WHILE AT <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.) None		20f. CITY, TOWN, OR LOCATION COUNTY STATE None	
21. I attended the deceased from Death occurred at July 15, 1956 8:40 p.m. to June 29, 1958 and last saw him alive on May 20, 1958 in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert E. Mason (Degree or title) 2		22b. ADDRESS LAKE-OZARK-Mo	
22c. DATE SIGNED 30 June 58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial- 23b. DATE July-1958	
23c. NAME OF CEMETERY OR CREMATORY Ridge wood- 23d. LOCATION (City, town, or county) Chicago-		23e. DATE RECD. BY LOCAL REG. June 30, 1958 26. REGISTRAR'S SIGNATURE Al Wernatta Wally	
24. FUNERAL DIRECTOR Keith M. Fays. ADDRESS ELDON Mo		25. DATE RECD. BY LOCAL REG. June 30, 1958	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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RECEIVED

JUL 15 '58

Miller County
Health Department

JUL 22 1958

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 *Keith M. Kays*

Licensed Embalmer No. *3998*
P. O. Address *Eldon Mo*

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.