

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033524

STATE FILE NUMBER

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1958		Registration District No. 209		Primary Registration District No. 2073		Registrar's No. 290	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South River Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN South River Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #2, Palmyra, Mo.				Length of stay in 1b life		d. STREET ADDRESS (If outside, give location) RFD #2, Palmyra, Mo.	
3. NAME OF DECEASED (Type or print) Edwin Godfrey Henry Frankenbach				First Middle Last		4. DATE OF DEATH Sept. 3 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 4 May 1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) West Ely, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George C. Frankenbach				14. MOTHER'S MAIDEN NAME Matilda Gruenhagen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. 497-42-1032		17. INFORMANT Mrs. Nadine Frankenbach		Address Palmyra, Mo. Rt. 2	
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 auricular fibrillation						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
DUE TO (b) Valvular heart disease						DUE TO (c) spurred failure	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						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.) 4214					
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 1945 to Sept 3, 1958 and last saw him alive on Aug 2, 1958 Death occurred at 11:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. H. Hill				22b. ADDRESS Palmyra Mo		22c. DATE SIGNED 9/6/58	
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE 5 Sept. 1958		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Palmyra, Missouri	
24. FUNERAL DIRECTOR Lewis Bros. F.H., Palmyra, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 9-9-1958		26. REGISTRAR'S SIGNATURE Dr. M. Lucke by H. C. Fisher	

RECEIVED SEP 16 1956
MARION CO. HEALTH DEPT
DATE FILED SEP 16 1956

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 *George M. Lewis*
Licensed Embalmer No. 4851

P. O. Address.. Palmyra, ..

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.