

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036749

STATE FILE NUMBER

ILLU NOV 14 1958 Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 240

| | | | | | |
|--|---------------------------|---|--|--|---|
| 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 Blue Springs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Blue Springs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1810 W Walnut | | Length of stay in lb 7 months | d. STREET ADDRESS (If outside, give location) 1810 W Walnut | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Kathryn Rebecca Frisch | | | 4. DATE OF DEATH Month Day Year Nov 1 1958 | | |
| 5. SEX Female | 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 Dec 29 1896 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dictophone operator | | 10b. KIND OF BUSINESS OR INDUSTRY Insurance Co. | 11. BIRTHPLACE (City and state or country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME August Frisch | | 13b. MOTHER'S MAIDEN NAME Mary E. Dehne | | 14. NAME OF HUSBAND OR WIFE None | |
| 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. 494-10-3810 | 17. INFORMANT Address Mayme F. Beier Blue Springs, 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) <u>Lymphosarcoma of breast</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| 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.) <u>2001</u> | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 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.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>7-14-58</u> to <u>11-1-58</u> and last saw her alive on <u>10-15-58</u> Death occurred at <u>8:45 Am</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Merrill R. Bay M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>Blue Springs, Mo</u> | | 22c. DATE SIGNED <u>11-1-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Nov 4 1958 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem | | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| 24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs | | 25. DATE RECD. BY LOCAL REG. Nov 4-1958 | 26. REGISTRAR'S SIGNATURE <u>D. B. Longford</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 11 1958 MAR 22 1959

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 *William Trues*

Licensed Embalmer No. *4733*

P. O. Address *Blue Springs*

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.