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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039039

STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 042 Primary Registration District No. Registrar's No. 1292

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rushville, Rush Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rushville, 0110
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway '59		Length of stay in lb 7 0 yrs	d. STREET ADDRESS (If outside, give location) Rt #2
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Jasper Frakes			4. DATE OF DEATH Month Day Year Nov 30, 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 Oct. 20, 1885	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months Days Hours Min.	11. 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 Farm	11. BIRTHPLACE (City and state or country) Buchanan Co, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Nathan Frakes	13b. MOTHER'S MAIDEN NAME Amanda Miller	14. NAME OF HUSBAND OR WIFE Martha Frakes
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address John Frakes, St. Joseph, Mo
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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) Traumatic Shock + internal hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Multiple major fractures at once DUE TO (c) Being struck by an automobile at once		INTERVAL BETWEEN ONSET AND DEATH at once at once at once
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"/> 2

20a. ACCIDENT <input checked="" 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.) Rupture + fracture of right + left tibia + femur + compound thigh fracture + right wrist fracture
20c. TIME OF INJURY Hour Month, Day, Year a.m. 7:45 11-58 p.m. 7:45	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 59 + 1160 ft	20f. CITY, TOWN, OR LOCATION COUNTY STATE Buchanan MO
21. I attended the deceased from <u>viewed body</u> and last saw him alive on <u>Dec 2 1958</u> Death occurred at <u>7:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) J. E. Meloney MD Coroner 3	22b. ADDRESS St. Joseph, Mo.	22c. DATE SIGNED Dec-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/3/58	23c. NAME OF CEMETERY OR CREMATORY Kerlin Cemetery	23d. LOCATION (City, town, or county) (State) Rt #2, Rushville, Mo
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24. FUNERAL DIRECTOR Schultz	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Dec 3, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Stoddell
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(Licensed Embalmer's Statement on Reverse Side)

Dr. S. E. Meloney  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

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 *John E. Repp* .....  
Licensed Embalmer No. *3986* .....  
P. O. Address *H. Joseph* .....

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.