

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043879

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 974

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Calhoun 0420	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS R1 (If outside, give location)	
Length of stay in lb 17 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Rolland Russell Frame		4. DATE OF DEATH Month Day Year Dec. 16, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1903
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Farmer	
11. BIRTHPLACE (City and state or country) Pleasanton, Neb.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME P. O. Frame		13b. MOTHER'S MAIDEN NAME Grace Perkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes W.W. II		16. SOCIAL SECURITY NO. 505-24-0950	
17. INFORMANT Mrs. R.R. Frame		Address Calhoun, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Aggravated by Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH 5 min. 10 years. 14 years.	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 Calhoun		COUNTY STATE	
21. I attended the deceased from 11-30-58 to Dec 16-58 and last saw her alive on Dec 16-58 Death occurred at 5:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul W. Sundin MD.		22b. ADDRESS 114 No. Main, Windsor	
22c. DATE SIGNED 12/19/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-19-1958	
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.	
24. FUNERAL DIRECTOR Ellis Huston		25. DATE RECD. BY LOCAL REG. 12-22-58	
ADDRESS Windsor, Mo.		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8361 7 1 10F

8361 8 1 10F

US MAR 26 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

Clifford Houge

Licensed Embalmer No. *5014*

P. O. Address *Windsor, MD*

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.

DEC 30 1958