

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045088

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 272

Primary Registration District No. 4402

Registrar's No. 6

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE, (Where deceased lived. If institutions-Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stule</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Stule</u> 0798 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>817 N Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Lafayette Frome</u>			4. DATE OF DEATH Month Day Year <u>12-14-58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-7-1955</u>
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	11. BIRTHPLACE (City and state or country) <u>Stule Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Carl Feagre</u>	13b. MOTHER'S MAIDEN NAME <u>Bettie L Whithead</u>
14. NAME OF HUSBAND OR WIFE <u>-</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.
17. INFORMANT <u>Carl Frome</u>		Address <u>Stule Mo</u>	
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>alkalosis + Dehydration</u> DUE TO (b) <u>Vomiting</u> DUE TO (c) <u>Upper Respiratory Infection</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 1/2 days</u> <u>3 days</u> <u>475x</u>
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
20f. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>12/13/58</u> to <u>12/14/58</u> and last saw him alive on <u>12/14/58</u> . Death occurred at <u>12:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Cecil E. Halsant, M.D.</u>		22b. ADDRESS <u>Stule, Mo</u>	
22c. DATE SIGNED <u>12/29/58</u>		22d. LOCATION (City, town, or county) (State) <u>Stule Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-16-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		23d. LOCATION (City, town, or county) (State) <u>Stule Mo</u>	
24. FUNERAL DIRECTOR <u>Berman Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>1-5-59</u>	
26. REGISTRAR'S SIGNATURE <u>L R P. ...</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 8 1959

CARUTHERSVILLE, MO

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 *Noel C Seau*

Licensed Embalmer No. *3941*

P. O. Address *Caruthers*

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.