

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047009

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 191

300
1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Township		c. CITY OR TOWN Cole Camp	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #3		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Leo Middle Benjamin Last Frisch			4. DATE OF DEATH Month Dec. Day 26 Year 1958		
5. SEX Male	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 March 20, 1887		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary to Pres.		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe Ry.	11. BIRTHPLACE (City and state or country) Boylers Mills, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles H. Frisch		13b. MOTHER'S MAIDEN NAME Mary Fritche		14. NAME OF HUSBAND OR WIFE Single	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 709-14-4495	17. INFORMANT Address Records State Hospital #3, Nevada, 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) Cerebro-vascular accident			INTERVAL BETWEEN ONSET AND DEATH 27 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c)			Years
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 checked="" 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 no Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION Cole Camp	COUNTY Benton	STATE Missouri
21. I attended the deceased from 6-11-58 to 12-26-58 and last saw him ^{her} alive on 12-26-58 Death occurred at 12:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Paul L Barone, M.D.	22b. ADDRESS State Hospital #3, Nevada, Mo.	22c. DATE SIGNED 12-26-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial	23d. LOCATION (City, town, or county) (State) Cole Camp Mo
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24. FUNERAL DIRECTOR E L Eickhoff	ADDRESS Cole Camp Mo	25. DATE REC'D BY LOCAL REG. 1.2.1959	26. REGISTRAR'S SIGNATURE Anna J Perry
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

FEB 24 1959

MAR 26 1959

1961 03 NRP ST

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 *L. Andrew Jerry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada, Mo.*

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.