

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33-000191

STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 27

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1-57

CORRECTED

BY AFFIDAVIT of Registration
DATE AS POSSIBLE 1-30-59 PCT

USE ONLY BLACK INK OR RIBBON TYPE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Doone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Doone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rocheport ¹¹⁰⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County		Length of stay in 1b 8 hours	d. STREET ADDRESS (If outside, give location) One Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Conrad Last Frevort			4. DATE OF DEATH Month Jan. Day 10, Year 1959
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 Feb. 3, 1891
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic	11. BIRTHPLACE (City and state or country) Warrenton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Fritz Frevort	
13b. MOTHER'S MAIDEN NAME Henrette Grebe		14. NAME OF HUSBAND OR WIFE One	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes War I		16. SOCIAL SECURITY NO. 488-36-0754	17. INFORMANT Address Mrs. Lovena Lundwiller, Rocheport, 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) Retroperitoneal hemorrhage DUE TO (b) Laceration of pelvic vessels DUE TO (c) Fracture of pelvis due to trauma ^{8:350} PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a) Compound fracture of right tibia & fibula			INTERVAL BETWEEN ONSET AND DEATH 9 hrs 9 hrs 9 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) deceased was injured when tractor he was driving, left highway overturned & crushed him beneath it.			
20c. TIME OF INJURY Hour 1:00 Month, Day, Year Jan 10, 1959 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) FARM
20f. CITY, TOWN, OR LOCATION Route J		COUNTY Boone	STATE Missouri
21. I attended the deceased from CORONER'S CASE and last saw her/him alive on 10:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Vincent P Perna M.D.		22b. ADDRESS Univ. of Mo. Medical Center	22c. DATE SIGNED 12 Jan 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-13-1959	23c. NAME OF CEMETERY OR CREMATORY l.t. Pleasant Cem.	23d. LOCATION (City, town, or county) (State) New Franklin, Missouri
24. FUNERAL DIRECTOR MARKLAND-HALL NEW FRANKLIN, Mo.		25. DATE RECD. BY 1959 REG. Jan 12 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

JAN 22 1959 JAN

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 Tom D. Markland

Licensed Embalmer No. 4592
P. O. Address New Franklin

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.