Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004419
STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Barry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Cassville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Cassville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bruce Rest Home — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First LOYD Middle Last FROST

4. DATE OF DEATH Month Day Year Feb. 9, 1959

5. SEX male

6. COLOR OR RACE white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]

8. DATE OF BIRTH April 17, 1913

9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Carl Frost

13b. MOTHER'S MAIDEN NAME Mollie May

14. NAME OF HUSBAND OR WIFE Lorene (Frost) Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address Mrs. Leon Edmondson-Cassville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DIABETES MELLITUS — INTERVAL BETWEEN ONSET AND DEATH OVER 2yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 1957, to February 59 and last saw her/him alive on 2-2-1959

Death occurred at 11:30 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerald H. Johnson Dr.

22b. ADDRESS CASSVILLE, Mo

22c. DATE SIGNED 2-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-12-1959

23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery

23d. LOCATION (City, town, or county) (State) Barry County, Missouri

24. FUNERAL DIRECTOR Culver's — ADDRESS Cassville, Mo.

25. DATE RECD. BY LOCAL REG. 2-11-1959

26. REGISTRAR'S SIGNATURE Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE REC. 3-11-59

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.