

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012525
STATE FILE NUMBER

REGD MAY 12 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton 01430
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b 15 Yrs	d. STREET ADDRESS (If outside, give location) 830 Center St,
3. NAME OF DECEASED (Type or print) First Augusta Middle L. Last Frank			4. DATE OF DEATH Month May Day 5 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1874
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 4 Days 9	IF UNDER 24 HRS. Hours 15 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Niendorf, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Fischer	
13b. MOTHER'S MAIDEN NAME Margaretta ?		14. NAME OF HUSBAND OR WIFE William F. Frank	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. B. R. Keith, Fulton, 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) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
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) Myocardial Degeneration			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.) Death	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Fulton		20f. COUNTY STATE Missouri	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from _____, to _____, and last saw her/him alive on 5-4-59 Death occurred at 600 1/2 Ph on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE John J. Brown M.D.		22b. ADDRESS Fulton, Mo	22c. DATE SIGNED 5-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
23d. LOCATION (City, town, or county) Fulton		23e. STATE Mo	
24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton, Mo		25. DATE RECD. BY LOCAL REG. May 9, 1959	26. REGISTRAR'S SIGNATURE Margaretta Lawrence

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

MAY 1 4 1950

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 Signed
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.