Health, & Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013108
STATE FILE NUMBER

APR 28 1959 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fayette — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lee Hospital — Length of stay in Hospital 30 min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Fayette 0450 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R. R. #5 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First DEANE Middle PATTON Last FRINK

4. DATE OF DEATH Month Apr. Day 9 Year 1959

5. SEX Male 0

6. COLOR OR RACE White

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

8. DATE OF BIRTH July 3, 1908

9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months 9 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (City and state or country) Bloomington, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry Richard Frink
13b. MOTHER'S MAIDEN NAME Grace Mae Patton
14. NAME OF HUSBAND OR WIFE Mary Frances Hiler

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. 495-40-3744
17. INFORMANT Mrs Deane P. Frink Address Fayette, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
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 [ ] NO [ ] 0

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 April 9 1959 to April 9 1959 and last saw ~~her~~ him alive on April 9 1959. Death occurred at 8:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Francis J. Dean (Degree or title) MD
22b. ADDRESS Fayette, Mo
22c. DATE SIGNED 4-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/11/59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Columbia, Mo

24. FUNERAL DIRECTOR Ralph A Carr ADDRESS Fayette, Mo
25. DATE RECD. BY LOCAL REG. 4-14-59
26. REGISTRAR'S SIGNATURE Mary K. Shell

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 5 1959

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette

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.