

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023895

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 136

S. 300
v. 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 Vernon			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 221 S. Pine		Length of stay in lb Lifetime		1083 d. STREET ADDRESS (if outside, give location) 221 S. Pine		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Earl Middle Lewis Last Frizell				4. DATE OF DEATH Month June Day 9 Year 1959			
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 10, 1885		9. AGE (In years last birthday) 74 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) Scale Carpenter, Retired		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R.		11. BIRTHPLACE (City and state or country) Ripley, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME E. L. Frizell			13b. MOTHER'S MAIDEN NAME Emma			14. NAME OF HUSBAND OR WIFE Minnie May Frizell	
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. 702-18-0987		17. INFORMANT Address Nevada, Missouri Mrs. Minnie May Frizell, 221 S. Pine			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Throat,						INTERVAL BETWEEN ONSET AND DEATH One year.	
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) none						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.) _____					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		_____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE Nevada, Vernon, Mo.			
21. I attended the deceased from Early 1958 to June 9-1959 and last saw her alive on June 8-1959 . Death occurred at 3 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. A. Love MD (Degree or title)				22b. ADDRESS Nevada, Mo		22c. DATE SIGNED 6-11-59.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 11, 1959		23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery		23d. LOCATION (City, town, or county) (State) Nevada Missouri	
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri				25. DATE RECD. BY LOCAL REG. 6-24-1959		26. REGISTRAR'S SIGNATURE Anna J. Ferry	

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.

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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. Hughes Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada, N.*

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.