DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1959

59–035720

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 233

AMENDED

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Mo.
Length of stay in 1b 2½ hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Grubville
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) none
Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month Oct. Day 25 Year 1959.

5. SEX Male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH January 3, 1892 ~~Jan. 3, 1891~~
9. AGE (last birthday) ~~68~~ 67
IF UNDER 1 YEAR Months 9 Days 22
IF UNDER 24 HR 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 General Farming
11. BIRTHPLACE (City and state or country) Grubville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Frost George ~~Roberts~~
13b. MOTHER'S MAIDEN NAME Jennie ~~Sullens~~ Sullens
14. NAME OF HUSBAND OR WIFE Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 490-22-2027
17. INFORMANT Mrs. Virgil Frost, Dittmer, 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 5 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 10-23-59, to 10-25-59 and last saw her/him alive on 10-25-59
Death occurred at 11:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. M. Stuhlmann (Degree or title) M.D.
22b. ADDRESS Union, Mo
22c. DATE SIGNED 10-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 28, 1959
23c. NAME OF CEMETERY OR CREMATORY Grubville Baptist Cemetery
23d. LOCATION (City, town, or county) (State) Grubville, Mo.

24. FUNERAL DIRECTOR Sherwood W. Kitchell ADDRESS
25. DATE REC'D BY LOCAL REG. 10/27/59
26. REGISTRAR'S SIGNATURE B. M. Stuhlmann

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT - Bible Record

BY AFFIDAVIT OF
13a George Roberts 11/13/59
13b Jennie Sullens 11/13/59
Wife
13a George Robert Frost
13b Jennie Sullens

VS NOV 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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sherwood W. Kitchell
Signature of Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.