

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-006983

FILED VS MAR 8 1960

Registration District No. 114 Primary Registration District No. 3032 Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centerview		Length of stay in 1b 10 years	c. CITY OR TOWN Centerview Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. # 2		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lawson Middle Frizzell Last			4. DATE OF DEATH Month Mar. Day 1 Year 1960	
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5. SEX Male	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 9/4/1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Lincoln, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Allison Frizzell	13b. MOTHER'S MAIDEN NAME Maggie Thomas	14. NAME OF HUSBAND OR WIFE Hattie Tempel (dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Yes W.W. # 1	16. SOCIAL SECURITY NO. Jone	17. INFORMANT Allison Frizzell Jr. Lincoln, Mo.	Address
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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 Occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sweet Springs	COUNTY Mo.	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **March 1st - 1960** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kelly Rawlins M.D. Coroner Holden Mo	22b. ADDRESS	22c. DATE SIGNED 3/3/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-5-60	23c. NAME OF CEMETERY OR CREMATORY Sweetsprings Cemetery	23d. LOCATION (City, town, or county) Sweet Springs Mo.
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24. FUNERAL DIRECTOR Sweeney-Phillips Warrensburg, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-4-60	26. REGISTRAR'S SIGNATURE Savannah Crutchfield
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4 Earl Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marie D. Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg

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