

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-018127**

**FILED VS MAY 1 1 1960**

**366**

Primary Registration District No. **4536**

Registrar's No. **47**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Washington</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Potosi</b>		Length of stay in 1b <b>10 years</b>		c. CITY OR TOWN <b>Potosi</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>110 R Depot</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>110 R Depot</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Max</b> Middle <b>Frank</b> Last <b>Frank</b>				4. DATE OF DEATH Month <b>5</b> Day <b>4</b> Year <b>60</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-17-1914</b>	9. AGE (last birthday) <b>46</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Ice Cream</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Samual Frank</b>			13b. MOTHER'S MAIDEN NAME <b>Melba Heimm</b>			14. NAME OF HUSBAND OR WIFE <b>Opal</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>487-22-3459</b>		17. INFORMANT Address <b>Melba Frank, Irondale, Mo. Rt.1</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>		
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 (e)						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			
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year _____							
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		COUNTY		STATE	
21. I attended the deceased from <b>5-4-60</b> to <b>5-4-60</b> and last saw <b>him</b> alive on <b>5-4-60</b> Death occurred at <b>11:10</b> <b>P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Edward Lake, DO.</b>				22b. ADDRESS <b>Potosi, Missouri</b>				22c. DATE SIGNED <b>5-5-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>entombment</b>		23b. DATE <b>5-5-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory &amp; Mausoleum</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b> <b>7600 St. Charles Rock Rd.</b>				
24. FUNERAL DIRECTOR <b>Arthur W. Smith</b> <b>Smith Funeral Home Potosi, Missouri</b>			25. DATE REGD. BY LOCAL REG. <b>5/5/60</b>		26. REGISTRAR'S SIGNATURE <b>Melba Frank</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 14 1960

STATEMENT BY LICENSED EMBALMER

MAY 13 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

per by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*C. H. Boyd*

Licensed Embalmer No. 4158

P. O. Address Totosi

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.