

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-042750

FILED VS NOV 21 1960

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5704 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY LIVINGSTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WHEELING		Length of stay in 1b 7 YRS.	c. CITY OR TOWN WHEELING		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROLLA Middle GILBERT Last FRIZZELL			4. DATE OF DEATH Month NOVEMBER Day 2 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/1905	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) CHILLICOTHE, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM FRIZZELL		13b. MOTHER'S MAIDEN NAME MARY LEWIS	
14. NAME OF HUSBAND OR WIFE HELEN CASELMAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-14-4844	
17. INFORMANT Mrs. R.G. FRIZZELL: WHEELING, MO.		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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MYO CARDIAL DEGENERATION DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 13 mos. 5 1/2 yrs.	
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE	
21. I attended the deceased from 10-10-60 to 10-28-60 and last saw ^{her} him alive on 10-28-60 Death occurred at 10:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Nella Bryan, D.O.</i> (Degree or title)			22b. ADDRESS <i>Wheeling, Mo.</i>		22c. DATE SIGNED 11-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/5/60	23c. NAME OF CEMETERY OR CREMATORY WHEELING CEMETERY		23d. LOCATION (City, town, or county) (State) WHEELING, MISSOURI
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.			25. DATE RECD. BY LOCAL REG. Nov 4, 1960		26. REGISTRAR'S SIGNATURE <i>Annalise Taylor</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Edna Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE,

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