

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032846  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

149 Primary Registration District No. 1002 Registrar's No. 4398

AMENDED

Registration District No. 149  
FILED SEP 20 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 9-8-61  
 9-8-61  
 INSTEAD OF  
 8-29-17  
 44  
 DOCUMENT Birth record of deceased  
 BY AFFIDAVIT OF  
 Helen Frame  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 8-29-18  
 43

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>12 days</b>	c. CITY OR TOWN <b>BLUE SPRINGS</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>VA HOSPITAL K.C., MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>307 Beverly Lane</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>DAN THOMAS FRAME</b>			4. DATE OF DEATH Month Day Year <b>SEPTEMBER 3, 1961</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>8-29-1718</b>
9. AGE (last birthday) <b>44 43</b>		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) <b>GARAGE BUSINESS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KANSAS CITY, MO.</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>CIAUDE H. FRAME</b>	13b. MOTHER'S MAIDEN NAME <b>ROSE MUNDAY</b>
14. NAME OF HUSBAND OR WIFE <b>HELEN</b>		17. INFORMANT Address <b>Helen Frame Wife Blue Springs, Mo.</b> <b>Official Records VA Hospital, K.C., Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW II</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 superimposed on healing myocardial infarction, anteroseptal</b> DUE TO (b) _____ DUE TO (c) <b>Coronary arteriosclerosis advanced</b> 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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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. <del>attended</del> attended the deceased from <b>August 22, 1961</b> to <b>Sept 3, 1961</b> Death occurred at <b>9:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>S. H. CHOY, M.D.</b>		22b. ADDRESS <b>VA HOSPITAL, K.C., MO.</b>	22c. DATE SIGNED <b>9-3-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-6-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>	23d. LOCATION (City, town, or county) <b>INDEPENDENCE, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-5-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

**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 Leroy J Tyler

Licensed Embalmer No. 4941

P. O. Address Independence

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.