

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045262

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 607

STATE FILE NUMBER

AMENDED

FILED DEC 26 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 1 week

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE Missouri COUNTY Jasper

c. CITY OR TOWN Webb City Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 601 S. Oakland Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Harry A. Frizzell

4. DATE OF DEATH Month Day Year December 16, 1961

5. SEX Male

6. COLOR OR RACE White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 2-13-1888

9. AGE (last birthday) 73 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) care operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Amsay Frizzell

13b. MOTHER'S MAIDEN NAME Lucy Tennis

14. NAME OF HUSBAND OR WIFE Katherine Frizzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

17. INFORMANT Katherine Frizzell Address 601 S. Oakland Webb City, 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) Third Degree Heart Block

INTERVAL BETWEEN ONSET AND DEATH unknown

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) Perforated Duodenal Ulcer

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 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 12/16/61 7:45 P to 12/16/61 and last saw her alive on 12/16/61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B F Woodruff M.D.

22b. ADDRESS Medical Arts Bldg. Joplin, Mo.

22c. DATE SIGNED 12-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-19-61

23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery

23d. LOCATION (City, town, or county) Joplin, Missouri (State)

24. FUNERAL DIRECTOR Johnstons-Simpson, Webb City, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 12-21-1961

26. REGISTRAR'S SIGNATURE Dove Merriam

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo.

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.