

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010163

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 387 Primary Registration District No. 4085 Registrar's No. 3

FILED MAR 28 1962

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Carroll | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale, | | Length of stay in 1b 50 years | c. CITY OR TOWN Hale, Missouri. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, west part town | | 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"/> |

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|---|-------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Clayborn Middle Jackson Last Frizzell | | | 4. DATE OF DEATH Month March Day 19th Year 1962 | | | |
| 5. SEX M | 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 9/12/1877 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months 6 Days 7 | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Carroll County | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |

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|---|--|--|---|---|--|
| 13a. FATHER'S NAME Nemar Frizzell | | 13b. MOTHER'S MAIDEN NAME Nancy Lewis | | 14. NAME OF HUSBAND OR WIFE Ella Frizzell, | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mrs Ella Frizzell, Hale, Mo. | | |

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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) Acute Circulatory Failure | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary Thrombosis | |
| | DUE TO (c) Arteriosclerosis | |
| 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"/> N. <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.) | |
| 20c. TIME OF INJURY Hour 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 <u>7-26-56</u> to <u>3-19-62</u> and last saw ^{her} him alive on <u>3-17-62</u> Death occurred at <u>6:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Norman F. Henderson D.O. | | 22b. ADDRESS Hale, Mo. | 22c. DATE SIGNED 3-22-62 |

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|---|----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/21/1962 | 23c. NAME OF CEMETERY OR CREMATORY Hale Cemetery | 23d. LOCATION (City, town, or county) (State) Hale, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin Funeral Home Hale, Mo. | | 25. DATE RECD. BY LOCAL REG. Mar. 22, 1962 | 26. REGISTRAR'S SIGNATURE Mrs Rex Henderson |

(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tena, Missouri

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.