

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011833

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 5697 Registrar's No. 73

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED APR 10 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <u>Livingston</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Rich Hill Twp</u>	a. STATE <u>Missouri</u> COUNTY <u>Livingston</u>
Length of stay in 1b <u>24 years</u>	c. CITY OR TOWN <u>Rich Hill Twp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 miles east Chillicothe</u>	d. STREET ADDRESS (If outside, give location) <u>3 1/2 miles east Chillicothe</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>CLYDE SHERMAN FRIZZELL</u>	
4. DATE OF DEATH <u>April 1, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-5-1907</u>
9. AGE (last birthday) <u>54</u>	
IF UNDER 1 YEAR Months Days Hours Min.	
IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Carroll Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Andrew A. Frizzell</u>	
13b. MOTHER'S MAIDEN NAME <u>Myrtle Wright</u>	
14. NAME OF HUSBAND OR WIFE <u>Eula McCully Frizzell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. C. S. Frizzell-Chillicothe, Mo.</u> Address <u>R. R. #1</u>	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u>	
DUE TO (b) <u>Coronary Occlusion</u>	
DUE TO (c) <u>Sustained</u>	
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 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 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>Feb 5-52</u> to <u>Sept 1-62</u> and last saw him alive on <u>Nov 29-62</u>	
Death occurred at <u>Eleven</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Ink or title) <u>Joseph C. Corcoran M.D.</u>	
22b. ADDRESS <u>Chillicothe, Mo</u>	
22c. DATE SIGNED <u>Apr 3-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4-3-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	
23d. LOCATION (City, town, or county) <u>Chillicothe, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Norman Funeral Home Chillicothe, Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>Apr. 3, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

MAY 10 1962

**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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.