

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019737

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 31

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0750

2 0750-

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1286-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

<b>FILED JUN 13 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Thayer</b> Length of stay in 1b <b>1 week</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Towery Rest Home</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
c. CITY OR TOWN <b>Couch</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>William T. Frey</b>	
4. DATE OF DEATH Month Day Year <b>June 6 1962</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>5-29-1873</b>
9. AGE (last birthday) <b>89</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>Farmer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and state or country) <b>Couch, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fountain Frey</b>	
13b. MOTHER'S MAIDEN NAME <b>Angeline Braswell</b>	
14. NAME OF HUSBAND OR WIFE <b>Nancy Forest</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	
16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Erice Frey, Couch, Missouri</b> Address	
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>Carcinoma of Prostate</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension Heart Disease</b>	
DUE TO (c) <b>Calcium Deficiency</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 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. I attended the deceased from <b>June 6 1962</b> to <b>June 6 1962</b> and last saw her/him alive on <b>June 5 1962</b>	
Death occurred at <b>5:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>[Signature]</b>	
22b. ADDRESS <b>THAYER, MO</b>	
22c. DATE SIGNED <b>6-7-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>6-8-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New Salem Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Couch, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Carter Funeral Home, Thayer, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>6-7-62</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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 *Leland Curtis*

Licensed Embalmer No. 4516

P. O. Address West Plains, 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.

Form Obtained 6-7-62 RPH per RPH.