

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022317
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 86

FILED JUL 9 1962

VS 300
Rev. 4/59

6000
27000

3
4 0
5 1
6
7 0
8 0
94500

10
11
12 86-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b 1 week	c. CITY OR TOWN Oak Grove Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION IOOF Hospital		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 Frank Middle M. Last Frick			4. DATE OF DEATH Month July Day 5 Year 1962
5. SEX male	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 1-27-66
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Banker		9b. KIND OF BUSINESS OR INDUSTRY Oak Grove, Mo.	9c. AGE (last birthday) 96
10a. FATHER'S NAME William E. Frick		10b. CITIZEN OF WHAT COUNTRY USA	
11a. MOTHER'S MAIDEN NAME Ellen Fulkerson		11b. NAME OF HUSBAND OR WIFE Annabel Frick	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		13. SOCIAL SECURITY NO. none	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		15. INTERVAL BETWEEN ONSET AND DEATH 1 year	
16. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. 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	
18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	19. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		22. CITY, TOWN, OR LOCATION COUNTY STATE	
23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
25. I attended the deceased from June 27 to July 4 1962 and last saw him alive on July 4 1962 Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.		26. SIGNATURE (Degree or title) Wm H. Giddens MD	
27. BURIAL, CREMATION, REMOVAL (Specify) removal		28. DATE SIGNED 7-5-62	
29. DATE 7-7-62		29. ADDRESS Liberty Mo	
30. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		30. LOCATION (City, town, or county) (State) Oak Grove, Missouri	
31. FUNERAL DIRECTOR Webb Funeral Home		31. ADDRESS Oak Grove, Mo.	
32. DATE RECD. BY LOCAL REG. 7-5-62		32. REGISTRAR'S SIGNATURE Annabel Frick	

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 John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.