MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019143

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 584

FILED MAY 20 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 5117
2 5117
3
4 1
5 2
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7 0
8 2
9 9040
10 21
11 511
12 90.0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 20yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2705 Lafayette — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6415 rant — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Lucy — Middle — Last Frakes

4. DATE OF DEATH: Month May, Day 2, Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Widowed [X] Never Married [ ] Divorced [ ]
8. DATE OF BIRTH: Nov 14, 1886
9. AGE (last birthday): 76 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Halls, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Andrew McCoy
13b. MOTHER'S MAIDEN NAME: Ida Hisel
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown): no — (If yes, give war or dates o[illegible]) NO. 8A
17. INFORMANT: Ina Gordon, St. Joseph, Mo — 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): Decubitus ulcers — INTERVAL BETWEEN ONSET AND DEATH: 10 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Fracture right hip — 11 wks
~~DUE TO (c)~~

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebrovascular accident 6 yrs ago due to cardiovascular renal disease

PART III. If deceased was female was there a pregnancy in last 3 days: [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fall at home

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 2·22·63

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
20f. CITY, TOWN, OR LOCATION: St. Joseph — COUNTY: Buchanan — STATE: Mo

21. I attended the deceased from 2-22-63 to 5-2-63 and last saw her alive on 5-1-63
Death occurred at 11:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C S Grant MD
22b. ADDRESS: St. Joseph Mo.
22c. DATE SIGNED: 5-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/5/63
23c. NAME OF CEMETERY OR CREMATORY: Sugar Creek Cemetery
23d. LOCATION (City, town, or county) (State): Rushville, Mo

24. FUNERAL DIRECTOR: John E. Kupp — ADDRESS: St. Joseph, Mo
25. DATE RECD. BY LOCAL REG.: May 17, 1963
26. REGISTRAR'S SIGNATURE: Max Clark Goodell

C. S. Grant M.D.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1963

Permit issued 5-4-63

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 E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.