48-82081

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1949

Registration District No. 309

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42623

Primary Registration District No. 4450

Registrar's No. 2356

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Ripley

(b) City or town: Doniphan (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Williams Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ripley

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Teresa Belle Frost

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: October (Month) 7 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 5 hr. min.

9. Birthplace: Doniphan (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name: Leonard Frost

13. Birthplace: Oregon County (City, town, or county) Mo (State or foreign country)

14. Maiden name: Maxine Miller

15. Birthplace: Oklahoma (City, town, or county) (State or foreign country)

16. (a) Informant: Leonard Frost

(b) Address: Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 9 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Smith Cemetery

18. (a) Signature of funeral director: John D. Clary

(b) Address: Alton Mo

19. (a) 12-14-48 (Date received by local registrar) (b) C. O. Johnston (Registrar's signature) 277

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1948 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from October 7, 1948, to October 8, 1948; that I last saw her alive on October 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis	5 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature: W. M. Rohe (M. D.)

Address: Doniphan, Mo. Date signed: 21 Oct. '48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-14-49
District Health Officer No. 5
District File No. 14914
Date Filed 1-20-49

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Q. Clary

Licensed Embalmer No. 4476

P. O. Address Alton 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 this body is not embalmed, fact should be so stated above.