

No. 300
10.48
FILED MAR 7 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4069

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Mercer			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Princeton		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 2						
3. NAME OF DECEASED (Type or Print) a. (First) Levi b. (Middle) S. c. (Last) Frisbie			4. DATE OF DEATH (Month) (Day) (Year) 2-26-49			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan 17, 1892	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & auctioneer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME unknown not given		13b. MOTHER'S MAIDEN NAME not given	14. NAME OF HUSBAND OR WIFE not given			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) unknown		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS local. G. Frisbie Princeton Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 23, 1949, to Feb 25, 1949, that I last saw the deceased alive on Feb 25, 1949, and that death occurred at 8:20 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Forrest Thomas M.D.			23b. ADDRESS St Joseph Mo, 90 State Hwy. 102		23c. DATE SIGNED 2/26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE 2-28-49	24c. NAME OF CEMETERY OR CREMATORY Freedom	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.			
DATE REC'D BY LOCAL REG. Mar 2, 1949	REGISTRAR'S SIGNATURE B. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Noel Moss (Princeton) Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Paul J. [Signature]
Licensed Embalmer No. 2634

P. O. Address 2656

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.