

FILED JUN 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16244

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 168

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1005 S. Cottage		d. STREET ADDRESS (If rural, give location) 1005 S. Cottage	

3. NAME OF DECEASED (Type or Print) Nancy	a. (First) Nancy	b. (Middle) S	c. (Last) Frisbey	4. DATE OF DEATH (Month) (Day) (Year) May 26, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 8, 1891	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) garment cutter	10b. KIND OF BUSINESS OR INDUSTRY Craddock's Co.	11. BIRTHPLACE (State or foreign country) Burlington Kans.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME C. C. Frisbey	13b. MOTHER'S MAIDEN NAME Georgia Woolory	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 487-07-8848	17. INFORMANT'S SIGNATURE OR NAME Roy A. Frisbey, Independence, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Carcinosis of abdomen DUE TO (c) Primary Carcinoma of ovary  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension-Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH week  175X about 6 yrs  chronic
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1942, 19, to May 26, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 7:20A m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Hukerson	(Degree or title) M.D.	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED May 26, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Md. Grove	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. May 28-1949	REGISTRAR'S SIGNATURE [Signature]	3548	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Independence, Mo.
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JUN 7 1949

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 \_\_\_\_\_

*John M. Heiman*

Student Embalmer No. 267

working under my personal supervision

Student *John M. Heiman*  
Student Embalmer

Signed

*Tom D. Markland*

Licensed Embalmer No. 4592

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