No. 300
10.48

16

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40472

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Applicant Pay
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): One Mile South E Oak Ridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): One Mile Southeast of Oak Ridge

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ANN
c. (Last): FRONABARGER

4. DATE OF DEATH (Month) (Day) (Year): Dec 5, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 19, 1857
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Bollinger County O
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joel Goodson
13b. MOTHER'S MAIDEN NAME: Elizabeth (Unknown)
14. NAME OF HUSBAND OR WIFE: Wm O. Fronabarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: G.D. Fronabarger — ADDRESS: Cape Girardeau 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): Carcinoma of the Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: — 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1949, *to* Dec. 5, 1949, *that I last saw the deceased alive on* Dec. 3, 1949, *and that death occurred at* 6:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.F. McDonald MD
23b. ADDRESS: Jackson, Mo.
23c. DATE SIGNED: 12-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 6, 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
24d. LOCATION (City, town, or county) (State): Oak Ridge Mo.

DATE REC'D BY LOCAL REG.: Dec 6. 49
REGISTRAR'S SIGNATURE: D. G. Salmon 43
25. FUNERAL DIRECTOR'S SIGNATURE: C. F. Miller — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

12-13-49

Officer No. 4

Number 1249-16

Date Filed

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.

Signed Gene C Crawford

Signed ..... Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.