

FILED JUN 21 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 19256

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3602 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellsville, Missouri 0701</b>	
c. LENGTH OF STAY (in this place) <b>3 months</b>		d. STREET ADDRESS (If rural, give location) <b>- - - - -</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baker's Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b> b. (Middle) <b>- - -</b> c. (Last) <b>FRISBIE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 11 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct. 25 1862</b>		9. AGE (In years last birthday) <b>87</b>		10. UNDER 1 YEAR <b>7</b> MONTHS <b>16</b> DAYS <b>16</b> HOURS <b>16</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Whitehall, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Isaac Oaks</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Waltrip</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>C. E. Frisbie</b> ADDRESS <b>Wellsville, Mo</b>	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		DUPLICATE (b) <b>Chronic nephritis</b>			<b>2 yrs.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE (c) <b>Generalized Atherosclerosis</b>			<b>3 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>none</b>			<b>10 yrs</b>
					<b>592X</b>

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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 5/31, 1950, to 6/11, 1950, that I last saw the deceased alive on 6/11, 1950, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thos. L. Dwyer, M.D.</b>		23b. ADDRESS <b>Mexico, Mo.</b>		23c. DATE SIGNED <b>6/13/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/13/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wellsville City Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Wellsville, Montg., Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. B. Wells</b> ADDRESS <b>Wellsville, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>June 15 - 1950</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		90	

RECEIVED  
JUN 19 1950  
District Health Officer No. 10  
District File Number 6-50-1011  
Date Filed JUN 19 1950

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 self

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed A. B. Hella

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2988

P. O. Address Heller Ville W.

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.