

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27808

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5954 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY _____	
b. CITY OR TOWN <u>Frankford</u>	c. LENGTH OF STAY (in this place) <u>3 Months</u>	c. CITY OR TOWN <u>Hospers</u> <u>8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>N</u> c. (Last) <u>Frantzen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>July 30 1904</u>	9. AGE (in years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Toreman for Koss Construction Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Peter Frantzen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hiltgen</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>483-18-1841</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ione Megown, Frankford, Mo</u>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	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.			

19a. DATE OF OPERATION <u>None</u>	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased dead alive on July 13, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. O. Mudd</u> (Degree or title) <u>Coverer</u>	23b. ADDRESS <u>Basilging Green Mo</u>	23c. DATE SIGNED <u>July 13-50</u>
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24a. BURIAL-CREMATATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Hospers, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>Aug 22, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fildertson</u>	ADDRESS <u>Frankford, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6820
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SEP 12 1950

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1
Date Filed: SEP 7 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joe Fields Megaw

Licensed Embalmer No. 4098

P. O. Address Faulford 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.