

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33510

State File No. _____

BIRTH NO. 66651-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4302

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

| | | | | | |
|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>19 hrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrolltown</u> | | 0171 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>112 north main</u> | | |
| 3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Ray</u> c. (Last) <u>Frakes</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1950</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u> | 8. DATE OF BIRTH <u>Oct. 7, 1950</u> | 9. AGE (In years last birthday) _____ | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Alexander Frakes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Monzelle Farr</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Alexander Frakes</u> ADDRESS <u>112 No. Main St. Carrolltown, Mo</u> | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(a) Septicemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>770</u> |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 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 <u>Oct. 10, 1950</u> , to <u>Oct. 11, 1950</u> , that I last saw the deceased alive on <u>Oct. 11, 1950</u> , and that death occurred at <u>5:40 a. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE H. M. Gilkey _____ (Degree or title) <u>H. M. Gilkey</u> | | | 23b. ADDRESS <u>1624 Prof. Bldg.</u> | | 23c. DATE SIGNED <u>Oct 11-1950</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>Oct-11-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) <u>CHILICOTHE MISSOURI</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-11-50</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomb's Sons</u> | ADDRESS <u>1331-5th St. Kansas City, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. News

Licensed Embalmer No. 445-3

P. O. Address Danvers City

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.