

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 93

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 2

1. PLACE OF DEATH
 a. COUNTY Barton
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal
 c. LENGTH OF STAY (If this place) Most of life
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Vernon
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) William b. (Middle) Arabel c. (Last) Frost
 (Type or Print)
 4. DATE OF DEATH (Month) (Day) (Year)
 Jan. 3 1951

5. SEX M / 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
 8. DATE OF BIRTH Oct. 22; 1869 9. AGE (In years last birthday) 80
 IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
 10b. KIND OF BUSINESS OR INDUSTRY Own home
 11. BIRTHPLACE (State or foreign country) Ohio
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Swiger 13b. MOTHER'S MAIDEN NAME Nancy Dixon 14. NAME OF HUSBAND OR WIFE Jacob Frost

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.
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
 Effie Welch 5406 Delmar St. Louis, Missouri

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis agitans
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 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.
 Senility
 INTERVAL BETWEEN ONSET AND DEATH
 350 x

19a. DATE OF OPERATION 0
 19b. MAJOR FINDINGS OF OPERATION No operation
 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 0
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
 0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 1/2, 1951, to 1/3, 1951, that I last saw the deceased alive on 1/2, 1951, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Eddleman M.D.
 23b. ADDRESS Liberal, Mo.
 23c. DATE SIGNED 1/6/51.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE Jan 5, 1951
 24c. NAME OF CEMETERY OR CREMATORY Barton City Cemetery
 24d. LOCATION (City, town, or county) (State) Barton County, Missouri

DATE REC'D BY LOCAL REG. Jan. 13, 1951
 REGISTRAR'S SIGNATURE Charlotte McDowell 420
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
 J. B. Ferry

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

060

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 16 1951

Dist. File 157-142

Date Filed 1-16-51

JAN 22 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed ABT.....

Licensed Embalmer No. 17800.....

P. O. Address Nevada, Missouri.....

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.