

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY AD AIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home #		d. STREET ADDRESS (If rural, give location) 311 E McPherson	
3. NAME OF DECEASED (Type or Print) a. (First) DORA		b. (Middle) _____ c. (Last) Frogge	
5. SEX F	6. COLOR OR RACE w.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (specify) 2	8. DATE OF BIRTH April 13, 1864
9. AGE (In years last birthday) 87 1/2		10. MONTHS 1	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 nurse wife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	
11. BIRTHPLACE (State or foreign country) Scotland Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Johnson		13b. MOTHER'S MAIDEN NAME Sarah Choads	
14. NAME OF HUSBAND OR WIFE M. H. Frogge		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. 4		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Laura Myers-Kirksville	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Acute Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocardial Failure			
DUE TO (c) Senile Art. Sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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 17 Feb, 1951 , to 20 May, 1951 , that I last saw the deceased alive on 19 May, 1951 , and that death occurred at 5:53 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. L. Johnson D.O.		23b. ADDRESS K.C.O.S. Kirksville, Mo.	
23c. DATE SIGNED 20 May 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-22-51	
24c. NAME OF CEMETERY OR CREMATORY Stewellen Cent.		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 5-23-51		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Randolph Dams-Kirksville		ADDRESS _____	

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

LAB 56 1015

MAY 28 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 5-51-10

Date Filed: MAY 29 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 *Donald L Roberts*

Signed.....
Student Embalmer

Licensed Embalmer No. *4722*

P. O. Address *Kirksville, Md*

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.