No. 300
10.48

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15642

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 570

1. PLACE OF DEATH
a. COUNTY: Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph
c. LENGTH OF STAY (in this place): 10 yrs. 4 Mo 17 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital no. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. ~~CITY OR TOWN~~ (If outside corporate limits, write RURAL and give township): Neosho. 0732
d. STREET ADDRESS (If rural, give location): ✓ 4

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLIE
b. (Middle): MONE
c. (Last): FROST

4. DATE OF DEATH (Month) (Day) (Year): 5-21-1951.

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: 6-1-1878.
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months: 11 Days: 20, — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House cleaner
10b. KIND OF BUSINESS OR INDUSTRY: Common labor.
11. BIRTHPLACE (State or foreign country): Springfield-Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry Frost.
13b. MOTHER'S MAIDEN NAME: Eliza Stopes.
14. NAME OF ~~HUSBAND~~ OR WIFE: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Ora Baker — ADDRESS: Neosho. Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — 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) Syphilis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis — 14 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 023 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22-, 1944, *to* 5-21-, 1951, *that I last saw the deceased alive on* 5-21-, 1951, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Morroway — (Degree or title): M.D.
23b. ADDRESS: State Hospital No. 2. St. Joseph Mo.
23c. DATE SIGNED: 5-21-1951.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/23/51
24c. NAME OF CEMETERY OR CREMATORY: Kirksville College
24d. LOCATION (City, town, or county) (State): Kirksville Mo.

DATE REC'D BY LOCAL REG.: May 29, 1951
REGISTRAR'S SIGNATURE: Carl C. Cady 446
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Clark — ADDRESS: 120 Illinois

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 479

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.