

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7256

State File No.

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawnessee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City</u> <u>1550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Vincents</u>		d. STREET ADDRESS (If rural, give location) <u>Phelps Ave.</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>None</u> c. (Last) <u>Fristoe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>8</u> <u>52</u>		
5. SEX <u>FM</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>12/4/1877</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Minnesota</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Boullis</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>M. B. Fristoe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NUMBER <u>UNKNOWN AT PRESENT</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. H. Fristoe Pierce City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> <u>6 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>>1</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>			
		DUE TO (c) <u>Carcinoma, left breast</u>			
		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 <u>332X H</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Mar 26, 1952 to Apr 8, 1952, that I last saw the deceased alive on Apr 8, 1952 and that death occurred at 12:00 Noon from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Edwards MD</u> (Degree or title)		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>4-10-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>4/11/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William J. W. Russell</u>		ADDRESS <u>Pierce City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 11-1952</u>		REGISTRAR'S SIGNATURE <u>Claver C. Warrington</u> <u>465</u>			

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

51
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MAY 1 1953

JAN 8 1953

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 R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Mount 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.