

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16466
2374

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 7 Mos. 27 days	c. CITY (If outside corporate limits, write RURAL and give township) Odesa		0540
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City J. B. Hosp			d. STREET ADDRESS (If rural, give location) 104 S 2nd St.		
3. NAME OF DECEASED (Type or Print) a. (First) Lloyd b. (Middle) c. (Last) Frost			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1952		
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug 19, 1900		9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Store		10b. KIND OF BUSINESS OR INDUSTRY Liquor	11. BIRTHPLACE (State or foreign country) Odesa, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Chas Frost		13b. MOTHER'S MAIDEN NAME - Miller	14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Harry Frost		
15. ADDRESS 423 Main Kansas City, Mo.					

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity 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.			002X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		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 9-29, 1951, to 5-25, 1952, that I last saw the deceased alive on 5-25, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) Edward P. Altomare M.D.		23b. ADDRESS 3223 Gladstone		23c. DATE SIGNED 5-25-52
24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE May 25 1952	24c. NAME OF CEMETERY OR CREMATORY Odesa Cemetery		24d. LOCATION (City, town, or county) (State) Odesa Mo.
DATE REC'D BY LOCAL REG. 5-25-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Husman & Sons M-F ADDRESS Odesa, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1952

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 William T. Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. # 4431

P. O. Address Odessa, Me

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.