

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20448

State File No. \_\_\_\_\_  
 Registrar's No. 2566

**REC'D** JUL 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2566</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>3728</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3240 Norbidge, N.E. Thuringstone</u>				d. STREET ADDRESS (If rural, city location) <u>4706 Terrace Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>BERTHA</u>		c. (Last) <u>FRAKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT-14-1882</u>		9. AGE (If years last birth day) (If under 1 year Months) (If under 12 weeks Days) (Hours) (Min.) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME PRACTICAL NURSE - HOSPITAL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM LIGHTLE</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY APPLEBERRY</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIS B. FRAKES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. P. B. HAWKINS 1032 JAMES STREET, CARTHAGE MISSOURI</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General physical deterioration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>5 yr.</u> <u>4201</u> <u>2 yr.</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>50</u> , to <u>June 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 1</u> , 1952, and that death occurred at <u>3:00 p. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin L. Bille</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>411 Nichols Rd. KCMO</u>		23c. DATE SIGNED <u>6/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MARIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-7-52</u>		REGISTRAR'S SIGNATURE <u>S. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Newcomer 1301 Cross St. Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

4

9-12

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

*Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City, 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.