

X No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28847**

FILED AUG 20 1952

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **85**

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place)		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS (If rural, give location) 1524 Grand Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Fred. b. (Middle) L. c. (Last) Frost			4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, QUITCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1927	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army		11. BIRTHPLACE (State or foreign country) Jennings Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harry J. Frost		13b. MOTHER'S MAIDEN NAME Deceased		14. NAME OF HUSBAND OR WIFE Ferne H. Frost	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. World War II		17. INFORMANT'S SIGNATURE OR NAME ADDRESS U.S. Army Records, Camp Crowder Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute head injury -			INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEWTON MO		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUG 10 1952 1:50 p.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? CAR ROLLED ON PAVEMENT	
---	--	--	---	--	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to **11 AUG 1952**, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:05 Am.**, from the causes and on the date stated above.

23a. SIGNATURE R. J. Taylor M.D.		23b. ADDRESS Neosho Mo		23c. DATE SIGNED 12 Aug 52	
--	--	----------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-13-52		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Joplin Missouri	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 8-13-52		REGISTRAR'S SIGNATURE Melvin C. Bourman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earley Thompson Co. Neosho Mo.	
--	--	--	--	---	--

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number _____

852-144

Date Filed _____

AUG 19 1932

NEOSHO, MISSOURI

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 _____

Booby Thompson

Signed.....

Student Embalmer

Licensed Embalmer No. _____

486

P. O. Address _____

Neosho, 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.