

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38381

State File No. _____

MAILED DEC 13 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 1080

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Sedgwick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Grove, (Rural) Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wichita</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>231 North Estelle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route # 2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALLIE</u>	b. (Middle) <u>HAZEL</u>	c. (Last) <u>FROST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 21, 1894</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>58</u>
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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>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. T. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Sisk</u>	14. NAME OF HUSBAND OR WIFE <u>(First name unknown) Frost</u>
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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 NO. <u>515-03-9591</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Simmons</u>	ADDRESS <u>New Orleans, La.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon monoxide poisoning</u>			
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.		<u>E9731</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. MEANS SUICIDE (Specify) <u>Suicide</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>Jackson Twp. Greene Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-5-52 5:00 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Attached hose to exhaust of car</u>
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22. I hereby certify that ~~the above is a true and correct statement of the facts and circumstances surrounding the death of the deceased and that the death occurred at 5:00 P.M., from the causes and on the date stated above.~~

23. SIGNATURE <u>Dr. Allen Pickens</u>	(Degree or title) <u>CORONER</u>	23b. ADDRESS <u>Medical Arts Bldg., Springfield, Missouri</u>	23c. DATE SIGNED <u>12/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/10/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-9-52</u>	REGISTRAR'S SIGNATURE <u>Earl Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>AYRE-GOODWIN FUN'L SERVICE</u>	ADDRESS <u>Spngfld</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1390

JUN 10 1954

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 _____

Licensed Embalmer No. 4594

P. O. Address. Springfield, Missouri

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.