

## STANDARD CERTIFICATE OF DEATH

State File No. **22037**

FILED JUL 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5627** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Franklin T. S.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Franklin T. S.</b>	
c. LENGTH OF STAY (In this place) <b>30 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Competition</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Competition</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>Krewson</b> c. (Last) <b>Costello</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15 1953</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 23 1892</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Groceries</b>		11. BIRTHPLACE (State or foreign country) <b>Philadelphia Penn. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Not Known</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Costello</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>478-03-7252</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. F. K. Costello Competition</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of Esophagus.</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 <b>150x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **June 10, 1953**, to **June 15, 1953**, that I last saw the deceased alive on **June 10, 1953** and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul J. [Signature]</b>		(Degree or title)		23b. ADDRESS <b>Trinity Bldg. Lebanon Mo</b>		23c. DATE SIGNED <b>6-17-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>June 18 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Competition</b>		24d. LOCATION (City, town, or county) (State) <b>Laclede Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-20-1953</b>		REGISTRAR'S SIGNATURE <b>Hella L. Gray</b>		429 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul J. [Signature]</b>		ADDRESS <b>Lebanon Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 1953

received

LaClede County Health Unit

File No: 6-53-102

Date Filed JUN 30 1953

MAY 6 1957

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 *H. R. Palmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address *Lebanon 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.