

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25405

State File No. ....

FILED JUL 21 1953

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>445</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>41 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>1024 W. Central Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1024 W. Central Ave</u>				d. STREET ADDRESS (If rural, give location) <u>1024 W. Central Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>CHESTER</u> c. (Last) <u>MICHAELS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10-1953</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 9-1889</u>	
9. AGE (In years last birthday) <u>64</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>powderman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>explosive mfg</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Debonia, Austria</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Michaels</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth ?</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Downs Michaels</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-10-0410</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. F.C. Michaels, 1024 W. Central Carthage, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic, Interstitial</u> ANTECEDENT CAUSES <u>Nephritis, Chronic, Interstitial</u> DUE TO (b) <u>Nephritis, Chronic, Interstitial</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.) <u>None</u>	
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 <u>Sept 27, 1940</u> , to <u>July 10, 1953</u> , that I last saw the deceased alive on <u>July 8, 1953</u> and that death occurred at <u>1:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Wood MD</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>7-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-13-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-13-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

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

JUL 27 1953

RECEIVED 7-20-53  
Jasper County Health Office

County File Number 600  
Date Filed 7-20 1953

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 *Frank W. Kneel*

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.