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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27987

State File No. ....

FILED AUG 18 1953

BIRTH NO. 50297 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Netzel Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>01710</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>DALE</u> c. (Last) <u>FRIZZELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>August 4, 1953</u>		9. AGE (In years last birthday) <u>5</u>		10. IF UNDER 1 YEAR: Months <u>5</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ALISON FRIZZELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WARE</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALISON FRIZZELL</u> ADDRESS <u>Hodge, Mo</u>	
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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>Patent foramen Ovale</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.		INTERVAL BETWEEN ONSET AND DEATH <u>350</u> <u>et seq</u>	
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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. 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)	
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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?	
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22. I hereby certify that I attended the deceased from Aug 4, 1953, to Aug 9, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at \_\_\_\_\_ from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur C. ...</u>		23b. ADDRESS <u>Carrollton, Mo.</u>		23c. DATE SIGNED <u>Aug 9 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Dovey, Mo</u>	

DATE REC'D BY LOCAL REG. <u>8/9/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marked ...</u> ADDRESS <u>Carrollton</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by ..... *Child was not embalmed and was buried same day of death* ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *R.M. Marshall Jr.* .....

Licensed Embalmer No. *744*

P. O. Address... *Carroll*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.