

Law

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10822
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BIRTH NO. FILED FEB 22 1954 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada Rural</u>	
c. LENGTH OF STAY (in this place) <u>7 1/4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>S. West 7, Nevada 10822</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>S.</u> c. (Last) <u>Frankie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/24/53</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>Married</u>	8. DATE OF BIRTH <u>Jan 29, 1882</u>	9. AGE (In years) (of under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>71</u> <u>10</u> <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Moonderville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Shute</u>	13b. MOTHER'S MAIDEN NAME <u>Abelma Shute</u>	14. NAME OF HUSBAND OR WIFE <u>Walter A. Frankie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter A. Frankie, Nevada, Mo. R.R. 1</u>	ADDRESS <u>Nevada, Mo. R.R. 1</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion - (Marrow)</u> <u>12/24/53</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> <u>Post known</u>		
	DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada - Vernon Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from 12/24, 1953 to 12/24, 1953 that I last saw the deceased alive on 12/24, 1953, and that death occurred at 1:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Pove</u>	(Degree or title) <u>no</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>1-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>12/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilton</u>	24d. LOCATION (City, town, or county) (State) <u>South West Nevada, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-20-1954</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lehinger Funeral Home</u>	ADDRESS <u>Nevada, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Doray F. Milstein

Licensed Embalmer No. _____

4805

P. O. Address _____

Nevada, 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.