

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26005

State File No.

BIRTH NO. REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CASS Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CASS Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>TYRONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MELBA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>FRAME</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7-21-54</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>5-22-1893</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 YRS. Months Days Hours Min.
-------------------------	------------------------------	--	--------------------------------------	--	---	--

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	11. BIRTHPLACE (State or foreign country) <u>ALLEN Co., Kan.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Wm. ZENTY</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET Smith</u>	14. NAME OF HUSBAND OR WIFE <u>unk -</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>unk -</u>	ADDRESS
---	-------------------------	---	---------

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 <u>5 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</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>Angina Pectoris</u>		<u>5 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (Min.)	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 May, 1950, to July 17, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gaynell Cunniff</u>	23b. ADDRESS <u>Cubool MO</u>	23c. DATE SIGNED <u>July 24/54</u>
--	----------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TYRONE</u>	24d. LOCATION (City, town, or county) (State) <u>TEXAS Co. MO.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-24-54</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunniff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Zenty</u>	ADDRESS <u>Cubool</u>
--	---	--	--------------------------

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

070
1

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

James L. Gentry

Licensed Embalmer No. *4718*

P. O. Address. *Calool, 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.