

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37370

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5128

1. PLACE OF DEATH  
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City  
c. LENGTH OF STAY (in this place) 40 YEARS

c. CITY OR TOWN KANSAS City  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital

f. STREET ADDRESS (If rural, give location) 2921 EAST MEYER BLVD.

3. NAME OF DECEASED  
a. (First) SAM b. (Middle) H c. (Last) FROST

4. DATE OF DEATH (Month) (Day) (Year) NOV 4, 1954

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH APRIL-23-1889

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETURN ROAD DISPATCHER

10b. KIND OF BUSINESS OR INDUSTRY K.C. POWER & LIGHT COMPANY

11. BIRTHPLACE (City and State or Foreign Country) ODESSA MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES L. FROST

13b. MOTHER'S MAIDEN NAME OLIVE PAYNE

14. NAME OF HUSBAND OR WIFE MRS. GRACE FROST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WORLD WAR I

16. SOCIAL SECURITY NO. 486-10-7228

17. INFORMANT'S SIGNATURE OR NAME Mrs. GRACE FROST ADDRESS 2921 E. MEYER BLVD. KANSAS CITY MO.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Emboli (Multiple) weeks

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Thrombophlebitis of left leg weeks

DUE TO (c) Healed Myocardial infarction 1 year

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Fibrosis and bronchial pneumonia Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) U201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1953 to Nov. 4, 1954, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Milton S. Steinberg (Degree or title)

23b. ADDRESS D.O. 926 E. 11 ST. K.C. MO.

23c. DATE SIGNED 11/5/54

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL

24b. DATE Nov. 6, 1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) ODESSA MISSOURI

DATE REC'D BY LOCAL REG. 11-6-54 REGISTRAR'S SIGNATURE Neve Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.W. Neocomsis Sons 1331. BRUSH CREEK KANSAS CITY MO.

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

Dr. M. L. Ford  
~~Dr. F. B. Smith~~  
2105 Independence Ave.

RECEIVED  
1914

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 .....  
Signature of Student Embalmer

Signed *Richard L. Boyer* .....  
Licensed Embalmer No. *(153)* .....

P. O. Address *172* .....

-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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.