

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3771**

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 4034		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY Ventura			
b. CITY (If outside corporate limits, write RURAL and give town) Hume		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Paula 8049			
d. FULL NAME OF HOSPITAL OR INSTITUTION SUNSET LIMITED K C So R R				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) BYRON		b. (Middle) LYNN		c. (Last) FRIZZELL		4. DATE OF DEATH (Month) (Day) (Year) February 12 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, UNMARRIED , WIDOWED , SEPARATED (Specify) never married	8. DATE OF BIRTH Feb 9 1985		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 mos. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY real estate		11. BIRTHPLACE (City and State or Foreign Country) Bolivar Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Frizzell		13b. MOTHER'S MAIDEN NAME Martha Hinton		14. NAME OF HUSBAND OR WIFE Mamie Irene Frizzell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY 546 09 2370		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Irene Frizzell Santa Paula Calif.			
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) Probably coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Died on train before my mind. 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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ 4201				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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P m., from the causes and on the date stated above.							
23a. SIGNATURE J. R. Phinney MD. (Degree or title)				23b. ADDRESS 17 Pleasonton Home Pleasanton Calif.		23c. DATE SIGNED 2-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 14 1956		24c. NAME OF CEMETERY OR CREMATORY SANTA PAULA VENTURA CALIF		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. Feb. 13-56		REGISTRAR'S SIGNATURE Rendall Kersey		25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Tompkins		ADDRESS PLEASANTON KANSAS	

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

MAR 5 1956

MAR 16 1956

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, OKM

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Earl W. Fomena

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.