

FILED FEB 21 1956

STANDARD CERTIFICATE OF DEATH

6035

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY St. Francois

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck c. LENGTH OF STAY (in this place) 10 Min.

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

d. FULL NAME OF HOSPITAL OR INSTITUTION Bismarck, Missouri

f. STREET ADDRESS (If rural, give location) 3255 West Pershing

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) D. c. (Last) Field

4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1956

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH 3-27-1872

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Dietrich-Feld Inc.

11. BIRTHPLACE (City and State or Foreign Country) Macon, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Amos Field

13b. MOTHER'S MAIDEN NAME Olive Duker

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Neil B. Dietrich Lincoln, Nebraska

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
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

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) 4201

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

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 *****18***** to *****19***** that I last saw the deceased alive on *****19***** and that death occurred at 7:05 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward M. Popp M.D.

23b. ADDRESS Bismarck, Missouri

23c. DATE SIGNED 2-10-56

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

24b. DATE 2-10-56

24c. NAME OF CEMETERY OR CREMATORY Forest Lawn

24d. LOCATION (City, town, or county) (State) Omaha, Nebraska

DATE REC'D BY LOCAL REG. Feb. 10, 1956

REGISTRAR'S SIGNATURE Cather Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shipman & Sons F.D.'s. Bismarck, Mo.

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

MAR 7 1958

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 *John N. Shipman*

Licensed Embalmer No. 4881

P. O. Address Bismarck, Miss

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.