

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8101

State File No.

FILED APR 2 - 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **319**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 weeks		e. STREET ADDRESS (If rural, give location) 1612 Buchanan Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Osteopathic Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) LULUA b. (Middle) V. c. (Last) FROGGE			4. DATE OF DEATH (Month) (Day) (Year) MARCH 10, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 21, 1873
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) New Castle, Penn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William R. Steele	
13b. MOTHER'S MAIDEN NAME Emma L. Goucher		14. NAME OF HUSBAND OR WIFE Charles Henry Frogge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. L. R. Paxton, St. Joseph, Mo.			
17. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Nephritis		?	
DUE TO (c) _____		_____	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Generalized body depletion		4 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
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) _____ m.		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 Feb 9 , 19 56 , to Mar 10 , 19 56 , that I last saw the deceased alive on Mar 10 , 19 56 , and that death occurred at 7:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree and title) Dr. John Hartsock		23b. ADDRESS 926 Edmond St., St. Joseph, Mo.	
23c. DATE SIGNED 3-12-56		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 14, 1956	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Mar 26, 1956		REGISTRAR'S SIGNATURE Ethel M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer-Fleeman Inc., St. Joseph, Mo.		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
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APR 3 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond W. Herber*.....

Licensed Embalmer No. *441*.....

P. O. Address *St. Joseph*.....

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.