

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12930
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>940 S. Douglas 03960</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Velma</u> b. (Middle) <u>- Ray -</u> c. (Last) <u>Frost</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April - 13 - 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>married</u>	8. DATE OF BIRTH <u>July 11 - 1918</u>	9. AGE (In years) (last birthday) <u>37</u> if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Mins.
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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 <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Otto Newland</u>	13b. MOTHER'S MAIDEN NAME <u>Manda Meeks</u>	14. NAME OF HUSBAND OR WIFE <u>Bernie Frost</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernie Frost - Springfield, Missouri.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Auricular Fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown Etiology</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 30, 1956, to April 5, 1956, that I last saw the deceased alive on April 5, 1956 and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert O. Coffey</u> (Degree or title)	23b. ADDRESS <u>M.D. Springfield Mo.</u>	23c. DATE SIGNED <u>4-13-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LUTIE</u>	24d. LOCATION (City, town, or county) (State) <u>Lutie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-16-56</u>	REGISTRAR'S SIGNATURE <u>Walter Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alex. Farney</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1925 P. 4. 19173

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 Lee Quincy

Licensed Embalmer No. 331

P. O. Address Springfield

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.