

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH44557
State File No.

FILED JAN 15 1957

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon				
b. CITY OR TOWN Nevada		c. LENGTH OF STAY (in this place) 52 years		c. CITY OR TOWN Nevada		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 411 South Ash Street				e. STREET ADDRESS (If rural, give location) 411 South Ash Street				
3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Frost c. (Last) Senter			4. DATE OF DEATH (Month) (Day) (Year) December 10 1956					
5. SEX Female		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 12 1874		
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 Own home		11. BIRTHPLACE (City and State or Foreign Country) Desoto Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William G. Frost			13b. MOTHER'S MAIDEN NAME Elizabeth A. Frost			14. NAME OF HUSBAND OR WIFE Charles Lee Senter		
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 NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. F. Potter ADDRESS Nevada, MO. 1014 N. Main			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH Don't Know	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none				
22. I hereby certify that I attended the deceased from Sept 1956 , to Dec 10, 1956 , that I last saw the deceased alive on Dec 10, 1956 , and that death occurred at 9 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE W. S. Povey MD (Degree or title)				23b. ADDRESS Nevada MO		23c. DATE SIGNED 12/12/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1956 December 12		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		24d. LOCATION (City, town, or county) (State) Nevada Missouri		
DATE REC'D BY LOCAL REG. 1-10-1957		REGISTRAR'S SIGNATURE Ormal E. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home				

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

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.....
L. Augustus Ferry

Licensed Embalmer No.....*496*

P. O. Address.....*W. Wash.*

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.

10