

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
4398

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 161-D

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Malden		0351 0 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's		Length of stay in lb 2 mo.		d. STREET ADDRESS --		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) FRANK				Middle --		Last XAVIER	
4. DATE OF DEATH February 12, 1957				Month February		Day 12	
5. SEX Male		6. COLOR OR RACE White 0		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH March 28, 1877	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months --		IF UNDER 24 HRS. Days --		Hours --	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Merchandise		11. BIRTHPLACE (City and state or country) Dexter, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Xavier				14. MOTHER'S MAIDEN NAME Anna Halter			
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. 499-22-7709		17. INFORMANT Mrs. J. L. Bostic, Springfield, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis		DUE TO (b) Coronary Occlusion		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0	
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Malden, Missouri		COUNTY STATE	
21. I attended the deceased from Dec 1, 1952 to Dec 10, 1956 and last saw her alive on Dec 10, 1956 Death occurred at 12:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE X S. S. Mitchell M.D.				22b. ADDRESS Malden, Missouri		22c. DATE SIGNED 2/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/15/57		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Malden, Missouri	
24. FUNERAL DIRECTOR Day Funeral Home, Malden, Missouri				25. DATE RECD. BY LOCAL REG. 2-25-57		26. REGISTRAR'S SIGNATURE L. H. Williams	

(Licensed Embalmer's Statement on Reverse Side)

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Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON-TYPEWRITE IF POSSIBLE

MAR 24

1935

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 *H. L. McCann*.....

Licensed Embalmer No. 27

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.