

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

166628

STATE FILE NUMBER

FILED JUN 6 1957

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 57

Health,  
Welfare  
Public  
Service

300 0330  
1-56 /

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases 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

1. PLACE OF DEATH a. COUNTY <b>Dent County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b> ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Spring Creek TWP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>SALEM, MISSOURI</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, residence, or institution) <b>Spring Creek TWP</b>				Length of stay in lb <b>3 Years</b>		STREET ADDRESS <b>Spring Creek TWP</b>	
3. NAME OF DECEASED (Type or print) <b>William H. Frohwitter</b>				4. DATE OF DEATH <b>May 30, 1957</b>		First Middle Last <b>William H. Frohwitter</b>	
5. SEX <b>Male</b> <input type="checkbox"/>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 4, 1885</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Machinist</b>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13. FATHER'S NAME <b>William Frohwitter</b>			
14. MOTHER'S MAIDEN NAME <b>Mary Sandnnann</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. X</b>			
16. SOCIAL SECURITY NO.				17. INFORMANT <b>Pearl Frohwitter Salem, Missouri</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Cardio-valvular disease with ess. Hypertension. 4201</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.)					
20c. TIME OF INJURY Hour Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from <b>1955</b> to <b>May 30, 1957</b> and last saw her alive on <b>May 30, 57</b> Death occurred at <b>11:30PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Joseph R. Burnett DS 2</b>				22b. ADDRESS <b>Salem, Mo.</b>		22c. DATE SIGNED <b>6/1/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>June 2, 1957</b>		<b>Cedar Grove</b>		<b>Salem, Missouri</b>	
24. FUNERAL DIRECTOR <b>Wm R. Johnson</b>				ADDRESS <b>Salem, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-2-57</b>	
				26. REGISTRAR'S SIGNATURE <b>MMHew 40/PLH</b>			

(Licensed Embalmer's Statement on Reverse Side)

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JUL 5 1957

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..... *Paul H. Spruce*

Licensed Embalmer No. *23*

P. O. Address..... *Dalton*

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.