

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17065

STATE FILE NUMBER 2450

FILED JUN 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms to be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
R. Paul Wright

|  |  |  |   |   |                                    |   |  |   |                             |  |  |  |  |  |                              |  |  |
|--|--|--|---|---|------------------------------------|---|--|---|-----------------------------|--|--|--|--|--|------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MICHIGAN b. COUNTY ALGER                                  |                                    |   |  |   |                             |  |  |  |  |  |                              |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KAN. CITY   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | c. CITY OR TOWN MUNISING 6210   |                                    | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |                             |  |  |  |  |  |                              |  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP  |  |  | Length of stay in 1b 6 DAYS   |   | d. STREET ADDRESS 710-W-SUPERIOR   |   | (If outside, give location) Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |                             |  |  |  |  |  |                              |  |  |
| 3. NAME OF DECEASED (Type or print) ARTNUR. J. FRECHETTE   |  |  |   | 4. DATE OF DEATH MAY 26 1957  |                                    |   |  |   |                             |  |  |  |  |  |                              |  |  |
| 5. SEX MALE  |  | 6. COLOR OR RACE WHITE   |   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |                                    | 8. DATE OF BIRTH APRIL-15-1877  |  | 9. AGE (In years last birthday) 80                            |                             | IF UNDER 1 YEAR<br>Months Days Hours Min.                            |  | IF UNDER 24 HRS.   |  |  |                              |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED  |  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY MILL WRIGHT MUNISING PAPER CO   |                                    | 11. BIRTHPLACE (City and state or country) CANADA                         |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.                           |                             |  |  |  |  |  |                              |  |  |
| 13. FATHER'S NAME NELSON FRECHETTE   |  |  |   |   |                                    | 14. MOTHER'S MAIDEN NAME AZELINE LEVIS                                    |  |   |                             |  |  |  |  |  |                              |  |  |
| 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. —   |                                    | 17. INFORMANT Address 97-E-COLGATE HERBERT FRECHETTE PONTIAC, MICH        |  |   |                             |  |  |  |  |  |                              |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Rupture of spleen pancreas<br>DUE TO (b) Tornado injuries, Kansas City area<br>DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Lymphatic Leukemia, severe, with some anemia |  |  |   |   |                                    |   |  |   |                             | INTERVAL BETWEEN ONSET AND DEATH<br>5 days<br>5 days<br>29340H<br>22 |  |  |  |  |                              |  |  |
| 20a. ACCIDENT <input checked="" 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.) Tornado Injuries, Ruptured pancreas, multiple contusions of head & body. |   |                                    |   |  |   |                             |  |  |  |  |  |                              |  |  |
| 20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year 7:45 p. m. May 20 '57   |  |  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Towards street house.   |   |                                    |   |  |   |                             |  |  | 20f. CITY, TOWN, OR LOCATION Ruckin Heights, Kansas City, MO |  |  | 20g. COUNTY STATE JACKSON MO |  |  |
| 21. I attended the deceased from May 20 '57 to May 26 '57 and last saw her alive on May 25 '57<br>Death occurred at 9:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |   |   |                                    |   |  |   |                             |  |  |  |  |  |                              |  |  |
| 22a. SIGNATURE (Degree or title) R. Paul Wright, M.D.  |  |  |   |   |                                    | 22b. ADDRESS 1324 Prof. Bldg. Mo.   |  |   | 22c. DATE SIGNED May 26 '57 |  |  |  |  |  |                              |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL  |  |  | 23b. DATE MAY-26-1957   |   | 23c. NAME OF CEMETERY OR CREMATORY |   |  | 23d. LOCATION (City/Town or county) (State) MUNISING MICHIGAN |                             |  |  |  |  |  |                              |  |  |
| 24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer Sons Kan. City, Mo.   |  |  |   | 25. DATE RECD. BY LOCAL REG. 5-26-57  |                                    | 26. REGISTRAR'S SIGNATURE neva mitchell                                   |  |   |                             |  |  |  |  |  |                              |  |  |

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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 *Basil V. Honey*.....

Licensed Embalmer No. *472*

P. O. Address *K.C., Mo.*

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.