

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18300**

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6019** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Orrick		c. CITY OR TOWN Orrick	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Months		e. STREET ADDRESS (If rural, give location) Rural Orrick	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Margret b. (Middle) Elizabeth c. (Last) Frank		4. DATE OF DEATH (Month) May (Day) 27 (Year) 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1876
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Rural Missouri City
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Stephen Douglas Yates	13b. MOTHER'S MAIDEN NAME George Ann Easley	14. NAME OF HUSBAND OR WIFE John M. Frank Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Emmett Frank		ADDRESS Orrick, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	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 592x	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 18**, 1957, to **May 27**, 1957, that I last saw the deceased alive on **May 26**, 1957, and that death occurred at **4:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lydian F. Semmon T.S.O.	23b. ADDRESS Orrick, Mo	23c. DATE SIGNED 5-29-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 30, 1957	24c. NAME OF CEMETERY OR CREMATORY Missouri City	24d. LOCATION (City, town, or county) (State) Missouri City Missouri
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DATE REC'D BY LOCAL REG. May 28-1957	REGISTRAR'S SIGNATURE Lydian F. Semmon	25. FUNERAL DIRECTOR'S SIGNATURE Good Funeral Home	ADDRESS Orrick Mo.
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(Licensed Embalmer's Statement on Reverse Side) **Wilbur McCall**

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

2720

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..... *Charles F. Tyke*

Licensed Embalmer No. *453*

P. O. Address *Liberty*

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.