

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018753

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage 04930
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks		Length of stay in lb 62 yrs.	d. STREET ADDRESS (If outside, give location) 531 Walnut
3. NAME OF DECEASED (Type or print) Charlotte Frost		4. DATE OF DEATH Month Day Year May 5 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 16, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 65
11. BIRTHPLACE (City and state or country) Cold Springs, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. J. Wise		13b. MOTHER'S MAIDEN NAME Lavina Wadsworth	14. NAME OF HUSBAND OR WIFE Charles F. Frost
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 Charles Frost, 531 Walnut
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>asthma, Cardiac,</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Myocarditis Chronic arteriosclerotic</u> DUE TO (c) <u>with Myocardial degenerative failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <u>4221</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>3 days</u>
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 death occurred at <u>Apr 30 '58</u> to <u>May 5 '58</u> and last saw her/him alive on <u>May 4 '58</u> at <u>12:35 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George H. Wood</u> (Degree or title) M. D.		22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED May 5 '58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-7-58	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo.
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 5-6-58	26. REGISTRAR'S SIGNATURE <u>Ely Clinton</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Frank W. Knell

Licensed Embalmer No. 4490

P. O. Address Carthage

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.