

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029560
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 52

S. 300
1-57

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LABELLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0560 LABELLE 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb LIFE	d. STREET ADDRESS (If outside, give location) LIFE

3. NAME OF DECEASED (Type or print) First Middle Last FRANK W. Michel			4. DATE OF DEATH Month Day Year AUGUST 27, 1958		
5. SEX MALE	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 JANUARY 4, 1889	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min. 7 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LEWIS COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JACOB Michel		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH ZUSPANN HAZEL		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-42-1074	17. INFORMANT Address MRS HAZEL MICHEL LABELLE, MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH about 9 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary atherosclerosis for 3 or 4 years	
	DUE TO (c) sinus arrhythmia	
	DUE TO (c) 4201	
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 checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 LABELLE	COUNTY LEWIS	STATE MISSOURI
21. I attended the deceased from 1954 to Aug 27th and last saw ^{her} him alive on Aug 27th Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) W. V. Coates D.D.		22b. ADDRESS LABELLE		22c. DATE SIGNED 8-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/29/1958	23c. NAME OF CEMETERY OR CREMATORY LABELLE CEMETERY	23d. LOCATION (City, town, or county) (State) LABELLE, MISSOURI
24. FUNERAL DIRECTOR J. E. Coates		ADDRESS LABELLE, MO	25. DATE RECD. BY LOCAL REG. 8-29-58
26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 4 1958



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 myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. L. ...
Licensed Embalmer No. 4328

P. O. Address La Bell, 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.