

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008786

STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 25

300  
1-57

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.

*Dr. Bloom*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Davies</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cameron</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Altamont</b> <sup>c 310</sup> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cameron Community Hospital</b>		Length of stay in lb <b>1 Mo. 23</b> Days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> - No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Grace Myrtle Frost</b>			4. DATE OF DEATH Month Day Year <b>March 16 1959</b>
5. SEX <b>Female</b>	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>Jan. 22, 1883 76</b>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Davies Co. Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Phillip J. Whitt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. Jump</b>	14. NAME OF HUSBAND OR WIFE <b>Chas. Frost</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Chas. Frost, Altamont, 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>Myocardial insufficiency</b> DUE TO (b) <b>Bilateral Pulmonary Adenocarcinoma</b> DUE TO (c) <b>163 XF</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture of humerus mid shaft</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>?</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 <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>Jan 21<sup>st</sup> 1959</b> to <b>March 16<sup>th</sup> 1959</b> and last saw her alive on <b>March 16<sup>th</sup> 1959</b> Death occurred at <b>5 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. Bloom</i>		22b. ADDRESS <b>2 Cameron, Mo.</b>	22c. DATE SIGNED <b>3-20-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-18-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>
23d. LOCATION (City, town, or county) (State) <b>Gallatin Missouri</b>		24. FUNERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>3-27-59</b>		26. REGISTRAR'S SIGNATURE <i>Francis D Crawford</i>	

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 *L. C. Richardson* .....

Licensed Embalmer No. *3302* .....  
P. O. Address *Fullerton* .....

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.