

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040173

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

Registration District No. Primary Registration District No. 1000

1143

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 20 1961

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph

Length of stay in 1b 7 Mo - 29 Da

c. CITY OR TOWN De Kalb

Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 2

Inside Limits Yes  No

d. STREET ADDRESS none (If outside, give location)

Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)

First Middle Last Okley Earl Frakes

4. DATE OF DEATH Month Day Year November 11 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH

Feb. 1, 1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY

U.S. Post Office

11. BIRTHPLACE (City and state or country)

DeKalb, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Frakes

13b. MOTHER'S MAIDEN NAME

Lula Frakes Easter

14. NAME OF HUSBAND OR WIFE

Genevieve Frakes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, Yes (unknown) (If yes, give war or dates of service))

U.S. Army

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Genevieve Frakes DeKalb, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diabetes

INTERVAL BETWEEN ONSET AND DEATH years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 March 1961 to November 11, 1961 and last saw him alive on November 11, 1961

Death occurred at 8:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

M. Muhammad, M.D.

22b. ADDRESS State Hospital # 2 St. Joseph, Mo.

22c. DATE SIGNED Nov. 11, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 13, 1961

23c. NAME OF CEMETERY OR CREMATORY

Westlawn Cemetery

23d. LOCATION (City, town, or county) (State)

De Kalb, Mo.

24. FUNERAL DIRECTOR

Clark Funeral Home St. Joseph, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Nov. 13, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Clark Woodell

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

M. Tahir, M.D.

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 20 1961

**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

*Earl A. Clark*

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.