

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007835

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 9

FILED MAR 14 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn Township		Length of stay in 1b Life	c. CITY OR TOWN Linn
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn, Mo., R # 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R # 2
3. NAME OF DECEASED (Type or print) HENRY HERMAN FRANK		4. DATE OF DEATH Month MARCH Day 11 , Year 1963	
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 11 July 1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months 8 Days Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY selfemployed	11. BIRTHPLACE (City and state or country) Wardsville, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Daniel Frank	
13b. MOTHER'S MAIDEN NAME Helen Krummen		14. NAME OF HUSBAND OR WIFE Elizabeth Frank	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) yes		16. SOCIAL SECURITY NO. 	
17. INFORMANT Mrs. Elizabeth Frank, Linn, Mo.		Address 	
18. CAUSE OF DEATH (Enter only one cause per death. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Rupture Aorta Arteriosclerosis (Thrombotic) DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 			INTERVAL BETWEEN ONSET AND DEATH 5 year
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year 		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 Oct. 1962 to Mar. 11, 1963 and last saw her/him alive on Jan 16, 1963 . Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L B Helba MD (Degree or title)		22b. ADDRESS Jefferson City, Mo	22c. DATE SIGNED 3-12-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/14/1963	23c. NAME OF CEMETERY OR CREMATORY St. George	
23d. LOCATION (City, town, or county) Linn, Mo.		24. FUNERAL DIRECTOR Morton Funeral Service, Inc. Linn, Mo.	
25. DATE RECD. BY LOCAL REG. 3-13-1963		26. REGISTRAR'S SIGNATURE Mrs. Clyde Morton	

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 19 1963

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.