

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028316

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4232 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 14 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 4 YEARS	c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HAZEL WOOD NURSING HOME 3231 PROSPECT AVENUE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1412 WEST-28TH TERRACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ANTOINETTE FRANCES FRISBEY			4. DATE OF DEATH Month JULY Day 27 Year 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-1892
9. AGE (last birthday) 70 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER AT HOME	11. BIRTHPLACE (City and state or country) NEW YORK
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER AT HOME		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRANK D'AVIGNON		13b. MOTHER'S MAIDEN NAME CAROLINE UNKNOWN	14. NAME OF HUSBAND OR WIFE NORMAN B. FRISBEY, SR.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT MRS. MARGUERITE GARNER Address 2907 WEST-92ND PLACE LEAWOOD KANSAS
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Immediate
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ 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 July 20, 1963 , to July 20, 1963 and last saw her alive on July 20, 1963 Death occurred at 11:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Morris Gordon M.D.		22b. ADDRESS 701 E. 63rd St. Kansas City, Mo	22c. DATE SIGNED 7/27/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE July 29, 1963	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) (State) TOPEKA KANSAS
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 7-29-63	26. REGISTRAR'S SIGNATURE Ruth Song

Dr. Maurice P. Carlson
Removal Shop.
2007 - 4 - 4

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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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep. Me.

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.