

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040750

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 67

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 30 1963

VS 300 Rev. 4/59	DATE AMENDED	
1 0730	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
2 0730		
3		
4 0		
5 1		
6		
7 1		
8 0		
9 99.2		
10		
11		
12 1-2		
13 1-1		
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Newton</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Newton</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u>		Length of stay in 1b <u>3 weeks</u>	c. CITY OR TOWN <u>Granby</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardwell Memorial</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route #2</u>
3. NAME OF DECEASED (Type or print) <u>HENRY FRICK, Jr.</u>		4. DATE OF DEATH Month <u>September</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/13/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Case Implement</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Implement Business</u>	9. AGE (last birthday) <u>71</u>
11. BIRTHPLACE (City and state or country) <u>Scott Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Frick</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Flossie Frick</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[Redacted]</u>		17. INFORMANT Address <u>Mrs. Flossie Frick Granby, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>sepsis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>advanced carcinoma of prostate & bladder</u>			
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. <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 <u>6:15</u> s.m. <u>p.m.</u> 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 <u>Aug 30/63</u> to <u>Sept 20</u> and last saw him <u>alive</u> on <u>Sept 20 63</u> Death occurred at <u>6:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D.P. Fountain D.O.</u>		22b. ADDRESS <u>Woll, Mo</u>	22c. DATE SIGNED <u>9-23/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/23/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Durant Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Durant, Iowa</u>
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-63</u>	26. REGISTRAR'S SIGNATURE <u>Medred Moberly</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 3 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

H. Wayne Lewis

Licensed Embalmer No. 5191
632 Park Street
P. O. Address Neosho, Missouri

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.