

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18300**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6019** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Orrick</b>		c. CITY OR TOWN <b>Orrick</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 Months</b>		• STREET ADDRESS (If rural, give location) <b>Rural Orrick</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Margret</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Frank</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 27 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 5, 1876</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months: _____ Days: _____	IF UNDER 24 Hrs. Hours: _____ Min.: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rural Missouri City</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Stephen Douglas Yates</b>	13b. MOTHER'S MAIDEN NAME <b>George Ann Easley</b>	14. NAME OF HUSBAND OR WIFE <b>John M. Frank Deceased</b>
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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'S SIGNATURE OR NAME <b>Emmett Frank</b>	ADDRESS <b>Orrick, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Nephritis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>592x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 18**, 1957, to **May 27**, 1957, that I last saw the deceased alive on **May 26**, 1957, and that death occurred at **4:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lydias F. Semmon T. S.O.</b>	23b. ADDRESS <b>Orrick, Mo</b>	23c. DATE SIGNED <b>5-29-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 30, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri City</b>	24d. LOCATION (City, town, or county) (State) <b>Missouri City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 28-1957</b>	REGISTRAR'S SIGNATURE <b>Lydias F. Semmon</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Good Funeral Home</b>	ADDRESS <b>Orrick Mo.</b>
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*Wilbur McCall*

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2720

**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.....  
*Charles F. Tyke*

Licensed Embalmer No. 453

P. O. Address.....  
*Liberty*

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.