

FILED SEP 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31773

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-)		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 hours		e. STREET ADDRESS (If rural, give location) 322 South Kensington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hi-10 6 Mile West Richnd, Mo			

3. NAME OF DECEASED (Type or Print)	a. (First) LEWIS	b. (Middle) RAYMOND	c. (Last) FROCK	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH February 11, 1905-51	9. AGE (In years last birthday) 51 IF UNDER 1 YEAR 6 Months IF UNDER 24 HRS. 26 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bosworth, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Frock	13b. MOTHER'S MAIDEN NAME Beulah Humphries	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW 11	16. SOCIAL SECURITY NO. 513-14-1060	17. INFORMANT'S SIGNATURE OR NAME Mrs. Beulah Frock, Kansas City, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Frontal Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH Inst.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal Injuries		
	DUE TO (c) Crushed Chest		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip, leg, arm			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-10	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Twp. Ray Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) Sept. 7 1956	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE John F Babey	(Degree or title)	23b. ADDRESS Coronet Richmond MO	23c. DATE SIGNED 9-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-9-1956	24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	24d. LOCATION (City, town, or county) (State) Norborne, Missouri
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DATE REC'D BY LOCAL REG. Sept 9-1956	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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Mon. Sept 18th

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 *Thomas J. Carter*.....
Licensed Embalmer No 4474.....

P. O. Address Richmond, 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.