MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0003442
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 1

FILED JAN 11 1968

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

01 0656 → 0650
P52 0408 → 1 0400

DATE AMENDED

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4 0
5 1
6 434.9
7 0
8 92
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11 2
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13 1 – 0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY MERCER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PRINCETON
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AXTELL HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY GRUNDY
c. CITY OR TOWN SPICKARD
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALVA Middle LEVI Last FRISBIE

4. DATE OF DEATH: Month JAN Day 8 Year 1968

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-8-1882

9. AGE (last birthday): 85

IF UNDER 1 YEAR Months Days
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: FARM

11. BIRTHPLACE (City and state or country): MERCER CO. MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOHN FRISBIE

13b. MOTHER'S MAIDEN NAME: ELIZABETH BUSH

14. NAME OF HUSBAND OR WIFE: CLARA FRISBIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 485-40-5395

17. INFORMANT Address: CLARA FRISBIE SPICKARD MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Emboli
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Advanced Arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 8 days

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1959 to 1-8-68 and last saw her him alive on 1-7-68
Death occurred at 7:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Douglas D. Frisbie

22b. ADDRESS: Princeton, Mo.

22c. DATE SIGNED: 1-9-68

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 1-10-1968

23c. NAME OF CEMETERY OR CREMATORY: MASONIC CEMETERY

23d. LOCATION (City, town, or county) (State): SPICKARD MO.

24. FUNERAL DIRECTOR ADDRESS: WISE FUNERAL HOME SPICKARD MO.

25. DATE RECD. BY LOCAL REG.: 1-9-68

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Ross Wise

Signature of Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard 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.