

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011833

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 5697 Registrar's No. 73

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural Rich Hill TwpLength of stay in 1b
24 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3 1/2 miles east ChillicotheInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Livingston

c. CITY OR TOWN Rich Hill Twp

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
3 1/2 miles east ChillicotheReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
CLYDE SHERMAN FRIZZELL4. DATE OF DEATH Month Day Year
April 1, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5-5-19079. AGE (last birthday)
54IF UNDER 1 YEAR IF UNDER 24 HR
Months Days 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

11. BIRTHPLACE (City and state or country)
Carroll Co., Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Andrew A. Frizzell

13b. MOTHER'S MAIDEN NAME

Myrtle Wright

14. NAME OF HUSBAND OR WIFE

Eula McCully Frizzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
497-30-662817. INFORMANT Address
Mrs. C. S. Frizzell-Chillicothe, Mo. R. R. #118. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation
Coronary OcclusionINTERVAL BETWEEN
ONSET AND DEATHSustent
6 wk.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

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.☐ Yes ☐ No ☐ Unknown19. 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 Feb 5-52 to Sept 1-62 and last saw him alive on Mar 29-62
Death occurred at Eleven A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print name or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
4-3-6223c. NAME OF CEMETERY OR CREMATORY
Edgewood23d. LOCATION (City, town, or county)
Chillicothe, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Norman Funeral Home
Chillicothe, Missouri

25. DATE RECD. BY LOCAL REG.

Apr. 3, 1962

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 05-90

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12 90-0

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MAY 10 1962

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.