

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12299

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 2260 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Chadwick		c. CITY (If outside corporate limits, write RURAL and give township) Rural Chadwick	
c. LENGTH OF STAY (in this place) 2 Wks.		d. STREET ADDRESS (If rural, give location) 1 mile So. of Chadwick, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile So. of Chadwick, Mo.			

3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) Fridley c. (Last) Fridley			4. DATE OF DEATH (Month) (Day) (Year) 3 21 1950		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 7-25-1864		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (State or foreign country) Swan, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME High Shipman			13b. MOTHER'S MAIDEN NAME Mary Roberts			14. NAME OF HUSBAND OR WIFE Widow		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Charley Jenkins Chadwick, Missouri				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4500	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Mar-20, 1950**, to **Mar-21, 1950**, that I last saw the deceased alive on **Mar-20, 1950**, and that death occurred at **1:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Warren W. Wilson, M.D.		23b. ADDRESS Sparta, Mo.		23c. DATE SIGNED Mar-2-1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-1950		24c. NAME OF CEMETERY OR CREMATORY Jenkins Cemetery		24d. LOCATION (City, town, or county) (State) Douglas Co., Missouri	
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DATE REC'D BY LOCAL REG. April 27-50		REGISTRAR'S SIGNATURE Lillie Barr		25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris		ADDRESS Clev., Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAY 4 1950
District Health Office No. 6,
District File Number 550-506
Date Filed 5-1-50

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
Student Embalmer

Signed

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address

Cleveland, 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 this body is not embalmed, fact should be so stated above.