

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7807

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Cedar Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Cedar Township <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. At Home		d. STREET ADDRESS (If rural, give location) 5 Mi N. of Filley, Mo	
3. NAME OF DECEASED a. (First) Ernest b. (Middle) (None) c. (Last) Fritchie		4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1951	
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 22, 1884
9. AGE (In years last birthday) 66.		IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (State or foreign country) Creston, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ernest Fritchie	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Opal Fritchie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 707-10-5139	
17. INFORMANT'S SIGNATURE OR NAME Opal Fritchie, Filley Mo.		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
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 <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE M. D. Quinn		23b. ADDRESS Edw. Springs, Mo.	
23c. DATE SIGNED 3-13-1951		23d. (Degree or title) Counselor	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-16-1951	
24c. NAME OF CEMETERY OR CREMATORY Laredo Cemetery		24d. LOCATION (City, town, or county) (State) Laredo, Missouri	
DATE REC'D BY LOCAL REG. MARCH 14, 1951		REGISTRAR'S SIGNATURE per [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 20 1951

Dist. File 321-592

Date Filed 3-21-51

MAR 30 1951

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. 405

working under my personal supervision.

Student Richard H. Randall
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Md.

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.

11/11/51