

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20889**

FILED JUN 20 1951

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5880** Registrar's No. **15**

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

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crawford		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crawford Twp	
c. LENGTH OF STAY (in this place) 62 yrs.		d. STREET ADDRESS (If rural, give locality) Cooper Hill, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cooper Hill, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) Fredrich	
c. (Last) Fredrich		4. DATE OF DEATH (Month) -- (Day) (Year) June 7, 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 27, 1866
9. AGE (in years, last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charley Koseck		13b. MOTHER'S MAIDEN NAME Henrietta	
14. NAME OF HUSBAND OR WIFE August Fredrich			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. **	
17. INFORMANT'S SIGNATURE OR NAME Gus Fredrich		ADDRESS Bland, Mo. Rt.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 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. Advanced Arteriosclerosis 5 yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201	
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) (Min.)		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 6-7, 1951 , to 6-7, 1951 , that I last saw the deceased alive on 6-7, 1951 , and that death occurred at 2:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Paula Brunner, M.D. (Degree or title)		23b. ADDRESS Owensville, Mo.	
23c. DATE SIGNED 6-8-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-9-1951	
24c. NAME OF CEMETERY OR CREMATORY E. & R. Cemetery		24d. LOCATION (City, town, or county) (State) Cooper Hill, Mo.	
DATE REC'D BY LOCAL REG. June 10-1951		REGISTRAR'S SIGNATURE Pa. Brunner 235	
25. FUNERAL DIRECTOR'S SIGNATURE Michael H. White		ADDRESS OWENSVILLE	

RECEIVED
JUN 4 1961
DISTRICT HEALTH OFFICE No. 4
File No.

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 Me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Michael H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.