

FILED SEP 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26570

| | | | | | | | |
|--|----------------------------------|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>119</u> | | PRIMARY REG. DIST. NO. <u>4193</u> | | Registrar's No. <u>28</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> <u>0370</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u> | | c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boulware Twp.</u> <u>0370</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Workman Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2 miles East of Hope</u> <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> | | b. (Middle) <u>--</u> | | c. (Last) <u>Frische</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29 1951</u> | |
| 5. SEX <u>M</u> <u>0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Mar. 2, 1868</u> | | 9. AGE (In years last birthday) <u>83</u> 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) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Frederick Frische</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Rueter</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lydia Frische</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred W. Frische, Pershing, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of the Sigmoid colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis of mesentery</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho pneumonia - bilat.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>44 hours</u> <u>"</u> <u>Years</u> <u>40 hrs</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 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) <u>None</u> | | 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 <u>8-28, 1951</u> , to <u>8-29, 1951</u> , that I last saw the deceased alive on <u>8-29, 1951</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Carol T. Shaw MD</u> | | | | 23b. ADDRESS <u>Hermann Mo</u> | | 23c. DATE SIGNED <u>8-31-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/1/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Salem Presby. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hope Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8/31/51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Hermann, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4
SEP 4 - 1951
RECEIVED
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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed.....
Hugost Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.