

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30237**
3770

FILED SEP 22 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 2201 East 70th Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2201 East 70th Terrace			

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) W. c. (Last) FREKING			4. DATE OF DEATH (Month) (Day) (Year) 9 2 51		
5. SEX Ma		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 11-25-1890		9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President		10b. KIND OF BUSINESS OR INDUSTRY Paint Mfrs'		11. BIRTHPLACE (State or foreign country) Concordia, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Louis Frerking		13b. MOTHER'S MAIDEN NAME Anna Riesterer		14. NAME OF HUSBAND OR WIFE Ida M. Frerking	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. 486-10-6908		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida M. Frerking, 2201 E. 70 Terrace	

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) CORONARY OCCLUSION 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. HTY PER TENSION		INTERVAL BETWEEN ONSET AND DEATH 1 Day 4201 YES	
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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) 0		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) _____		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 JUNE 30 1946, to SEPT. 2 1951, that I last saw the deceased alive on AUG. 31, 1951, and that death occurred at 11:30 PM from the causes and on the date stated above.

23a. SIGNATURE P. C. Quistgard (Degree or title) MD		23b. ADDRESS 6244 Prospect St. Mo.		23c. DATE SIGNED SEPT. 4 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-5-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.					

DATE REC'D BY LOCAL REG. 9-4-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Wagner, K 6 Mo	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

8A - 4793

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address R. C. 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.