S. No. 300
v. 10.48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8009

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 290

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0396
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1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: POLK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALDRICH 0840
d. STREET ADDRESS (If rural, give location): ALDRICH /

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle):
c. (Last): FRIEZE

4. DATE OF DEATH (Month) (Day) (Year): MARCH, 19, 1952

5. SEX: FEMALE /
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: SEPT, 19, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): DADE COUNTY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: NATHANIEL DINNWIDDIE
13b. MOTHER'S MAIDEN NAME: KISSIE QUARLES
14. NAME OF HUSBAND OR WIFE: JOHN HARMON FRIEZE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS CHARLES KIFER — ADDRESS: BOLIVAR, MISSOURI

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Cardiac Failure	1½ hr.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Art. Sclor. Ht. Dis.	3 yr.
DUE TO (c)	Liver Abscesses	6 mo.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Acute Pulm. Congestion	1 hr.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield Greene Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 19 52 11:05 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: While at Rest

22. *I hereby certify that I attended the deceased from* 12-4, 1951, *to* 3-19, 1952, *that I last saw the deceased alive on* 3-19, 1952, *and that death occurred at* 11:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. McDonald Jr. M.D.
23b. ADDRESS: 406 Prof. Bldg.
23c. DATE SIGNED: 3-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR, 21, 52
24c. NAME OF CEMETERY OR CREMATORY: MORRIS CEMETERY
24d. LOCATION (City, town, or county) (State): NEAR DADEVILLE, MISSOURI

DATE REC'D BY LOCAL REG.: 3-21-52
REGISTRAR'S SIGNATURE: James R. Amos MD
25. FUNERAL DIRECTOR'S SIGNATURE: HERMAN LOHMEYER — ADDRESS: SPRINGFIELD, MO

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4734

P. O. Address Upld, 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.