

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21034

State File No. ....

FILED JUN 30 1952

BIRTH NO. ....		REG. DIST. NO. <u>174</u>	PRIMARY REG. DIST. NO. <u>3035</u>	Registrar's No. <u>54</u>
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>17 days</u>		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>17th &amp; Franklin</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>		3. NAME OF DECEASED a. (First) <u>Besse</u> b. (Middle) <u>B. Fredendall</u> c. (Last) <u>Fredendall</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1952</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 29, 1889</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Price</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Chambers</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. G.W. Fredendall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Frischer, Kansas City Kan</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>Cornary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis and mild hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>IRON P</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION. <u>IRON P</u>		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 <u>May 27, 1952</u> , to <u>June 11, 1952</u> that I last saw the deceased alive on <u>June 11, 1952</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Harold Frischer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lexington, Mo</u>		23c. DATE SIGNED <u>6/14/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>
24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. ...</u> ADDRESS <u>...</u>		
DATE REC'D BY LOCAL REG. <u>6-27-52</u>		REGISTRAR'S SIGNATURE <u>...</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0542

0542

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June 11, 1952

63 10 12

Lexington, Missouri

Dr. G.W. Fredendall

Harold Frischer, Kansas City Kan

17 days

Chronic myocarditis and mild hypertension

IRON P

NO

NO

NO

May 27, 1952, to June 11, 1952

Harold Frischer M.D.

June 14, 1952

Wm. E. ...

MS APR 7 1960

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 \_\_\_\_\_

*Robert L. McKeane*

Licensed Embalmer No. \_\_\_\_\_

*2983*

P. O. Address \_\_\_\_\_

*Springton, Arkansas*

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.

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