

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25192

State File No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Newton 0730		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY LABETTE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL		c. CITY (If outside corporate limits, write RURAL and give township) PARSONS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 109 So. 15th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Benton Twp			

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) VINCENT c. (Last) FRIESNER			4. DATE OF DEATH (Month) (Day) (Year) JULY 25 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	
8. DATE OF BIRTH Nov. 7 1925		9. AGE (In years last birthday) 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXPLOSIVE HANDLER	
11. BIRTHPLACE (State or foreign country) Granite City Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY M. O.P.	

13a. FATHER'S NAME EDDIE L. FRIESNER		13b. MOTHER'S MAIDEN NAME PEARL MIDDLETON		14. NAME OF HUSBAND OR WIFE ALICE FRIESNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) World War #2		16. SOCIAL SECURITY NO. 337-14-4650		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAWRENCE E. FRIESNER PARSONS MS.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9298 42			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 073		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Indiana Creek		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office, etc.) Indiana Creek		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton County Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-25-'52 7:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowned while swimming	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I saw the deceased die on _____, 19____, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carley Thompson coroner 3		23b. ADDRESS Neosho Mo.		23c. DATE SIGNED 7/26/52	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-26-1952		24c. NAME OF CEMETERY OR CREMATORY SALEM ILLINOIS	

DATE REC'D BY LOCAL REG. 7-26-52		REGISTRAR'S SIGNATURE 223-0 Melvin C. Bowman M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carley Thompson & Co. Neosho Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 752-135

Date Filed 8-1-52

NEOSHO, MISSOURI

OCT 10 1952

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 Corley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.