

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31614

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3889

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City - Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3623 South Benton</u>		d. STREET ADDRESS (If rural, give location) <u>3523 South Benton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) _____ c. (Last) <u>Frey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 12 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired, Green House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Man Operator</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Copeland, Germany</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Frey</u>		13b. MOTHER'S MAIDEN NAME <u>No-Record of first name Record</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Frey</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 ADDRESS <u>Mrs. Susie Frey, 3623 South Benton</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>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>1 yr.</u>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>443A</u>	

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)		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) (m.)		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 8/1 1952 to 9/1 1952, that I last saw the deceased alive on 8/2 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. S. Prentiss</u> (Degree or title)		23b. ADDRESS <u>415 1/2 900 Rialto Bldg</u>		23c. DATE SIGNED <u>9/4/52</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>9-5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>	
24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Farster</u>		ADDRESS <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-3-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Virgil Ferrick*  
Licensed Embalmer No. 3599  
P. O. Address JCMo

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.