

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 3 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TINDALL</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TINDALL MO</u>		1952	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>FREMGEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-52</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>Aug. 7, 1883</u>		9. AGE (In years last birthday) <u>69</u> <u>3</u> <u>16</u> <u>-</u> <u>-</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Shop & Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>James Exchange</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tindall, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>JACOB FREMGEN</u>		13b. MOTHER'S MAIDEN NAME <u>Frances WINBURN</u>		14. NAME OF HUSBAND OR WIFE <u>HEITH FREMGEN</u>	
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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>496-10-4198</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hettie Fremgen</u> ADDRESS <u>Tindall MO</u>	
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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>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>4201</u>	
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 Nov 22, 1952 to Nov 23, 1952 that I last saw the deceased alive on Nov 22, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F. Joffe M.D.</u> (Degree or title)		23b. ADDRESS <u>Newton MO</u>		23c. DATE SIGNED <u>Nov 25 1952</u>	
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24a. BURIAL, CREMATION (Specify) <u>Buried</u>		24b. DATE <u>11-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Martha Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tindall MO</u>	
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DATE REC'D BY LOCAL REG. <u>11-25-52</u>		REGISTRAR'S SIGNATURE <u>Jeanne Fair</u> <u>15</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Blackman</u> ADDRESS <u>Newton, MO</u>	
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(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 *Raymond A. Quinn*

Licensed Embalmer No. 3424

P. O. Address Greeneth 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.