

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39308

State File No.

FILED NOV 19 1952

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 76

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

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>CONCORDIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u> <u>0546</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 MAGDALENE ST</u>		d. STREET ADDRESS (If rural, give location) <u>401 MAGDALENE ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTHA</u> b. (Middle) <u>C.</u> c. (Last) <u>FREITAG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 10 1952</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		
8. DATE OF BIRTH <u>FEB 6, 1894</u>		9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>PITTSBURG, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>HENRY J. CORDES</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA D. KUEHLER</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM FREITAG</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM FREITAG</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach with</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mos</u>			
ANTECEDENT CAUSES <u>generalized metastases</u>		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>151X</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)		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>Jan 1950</u> , to <u>Nov 10, 1952</u> , that I last saw the deceased alive on <u>Nov 10, 1952</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. H. ... M.D.</u>		23b. ADDRESS <u>Concordia, Mo.</u>		23c. DATE SIGNED <u>11/11/52</u>	

24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>		DATE REC'D BY LOCAL REG. <u>Nov 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Clayton St. Landrum</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1958

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.