

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5251

State File No.

No. 300
10.48

0272

(Dr. Stuart)

FILED FEB 16 1953
BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 18

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>3 week</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RFD Boonville, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>(none)</u> c. (Last) <u>Frieling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1953</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 3, 1867</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR (Months) (Days)	IF UNDER 2 HRS. (Hours) (Mins.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Henry Frieling</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Christina Schmalfeldt</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>Martin Frieling</u>		ADDRESS <u>RFD Boonville, Mo</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>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>22 days</u>		+ <u>5 years</u>	
+ <u>10 days</u>		20. AUTOPSY! YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
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>1-22-53</u> , 19 <u>53</u> , to <u>2-2-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-2-53</u> , 19 <u>53</u> , and that death occurred at <u>1:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>B. M. Stuart, M.D.</u>		23b. ADDRESS (Degree or title) <u>329 Main - Boonville, Mo</u>	
23c. DATE SIGNED <u>2-9-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran</u>	
24d. LOCATION (City, town, or county) (State) <u>Cooper County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Thacker</u>	
25. ADDRESS <u>Boonville, Mo</u>		DATE REC'D BY LOCAL REG. <u>2-10-53</u>	
REGISTRAR'S SIGNATURE <u>B. M. Stuart</u>		381	

(Licensed Embellisher's Statement on Reverse Side)

OCT 8 1953

FEB 19 1954

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

Berry W. Shacker

Licensed Embalmer No.

3944

P. O. Address

Boonville, 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.