

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7677**

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

BIRTH NO. <b>FILED MAR 22 1954</b>		REG. DIST. NO. <b>11</b>	PRIMARY REG. DIST. NO. <b>4024</b>	Registrar's No. <b>29</b>
1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>0</b> <b>Cassville</b> d. STREET ADDRESS (If rural, give location) <b>2 1/2 mi. N.E. of Seligman</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cassville Community Hosp.</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Liza</b> c. (Last) <b>Friend</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 8, 1897</b>	9. AGE (In years last birthday) <b>56</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marion County, Ark.</b> 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Tom Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Clark</b>	14. NAME OF HUSBAND OR WIFE <b>Henry R. Friend</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry R. Friend, Seligman, Mo.</b> ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma of the esophagus</b> 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.		INTERVAL BETWEEN ONSET AND DEATH <b>about 6 mos.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>150X</b>		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 <b>Dec.</b> , 1954, to <b>Mar. 11</b> , 1954, that I last saw the deceased alive on <b>Mar. 11</b> , 1954, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Mary Newman, M.D.</b> (Degree or title)		23b. ADDRESS <b>Cassville, Mo.</b>	23c. DATE SIGNED <b>3/14/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/14/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roller Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gateway, Arkansas</b>	
DATE REC'D BY LOCAL REG. <b>3-18-54</b>	REGISTRAR'S SIGNATURE <b>Grace Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Koon-Muhleman Funeral Home, Cassville, Mo.</b> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side) **W.C. Koon, MO.**

1950

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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 *W. C. Koon*

Licensed Embalmer No. *435-9*

P. O. Address *Cassville, 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.