

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 16

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) <u>Grandview MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, MO</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>107 W 8.5th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grandview Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Mr Christian Friedrichsen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1954</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 1 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired C.P.A. Spring Valley Butte Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bennington Nebraska</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Mathias Friedrichsen</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Hinge</u>		14. NAME OF HUSBAND OR WIFE <u>Julia E. Friedrichsen</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-09-1936</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs H.A. Paulsen</u>		ADDRESS <u>107 W 8.5th St</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, general</u>		
	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>4201</u>		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)
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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
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22. I hereby certify that I attended the deceased from Mar 15, 1954, to April 4, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sam D Hooper MD</u>	(Degree or title)	23b. ADDRESS <u>Grandview, Mo.</u>	23c. DATE SIGNED <u>Apr 5 '54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Merich</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County MO</u>
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DATE REC'D BY LOCAL REG <u>4-5-54</u>	REGISTRAR'S SIGNATURE <u>Starling E Goddard</u>	498-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Wornell</u>	ADDRESS <u>Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10/48

9079

NOV 11 1950

**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 Russell H. France

Licensed Embalmer No. 4255

P. O. Address K. C. M.

**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.