

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12057**
Registrar's No. **1727**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Alabama b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, Mo.	c. LENGTH OF STAY (In this place) 13 1/2	c. CITY (If outside corporate limits, write RURAL and give township) BIRMINGHAM 90108	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco R. Hospital		d. STREET ADDRESS (If rural, give location) 2116 1/2 Way - West	

3. NAME OF DECEASED (Type or Print) a. (First) Robert C. b. (Middle) Frierson c. (Last) Frierson			4. DATE OF DEATH (Month) (Day) (Year) April 16 1954		
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5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH UNKNOWN	9. AGE (In years last birthday) 54 yrs.	10. UNDER 1 YEAR Days	11. OVER 1 YEAR Hours	12. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef Cook	10b. KIND OF BUSINESS OR INDUSTRY Frisco R. Hospital	11. BIRTHPLACE (State or foreign country) Birmingham, Ala.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNKNOWN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME CORNER OF Frisco R.C. Mo.	ADDRESS
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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) Hypertensive Heart Disease		INTERNAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial Insufficiency.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4437

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

23a. SIGNATURE Deputy Coroner J.M. Tillman (Degree or title)	23b. ADDRESS 1618 Lydia Ave	23c. DATE SIGNED 4/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 18, 1954	24c. NAME OF CEMETERY OR CREMATORY BIRMINGHAM	24d. LOCATION (City, town, or county) (State) BIRMINGHAM ALA.
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DATE REC'D BY LOCAL REG. 4-17-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ed. Davis	ADDRESS 1415 E TRUMAN
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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.

Signed _____

Laudis H. Jackson

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4850

P. O. Address _____

K. C. 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.