

FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10893

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5091</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>n. w. Watson mo</u> <u>in Nishna river</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Watson mo</u>		d. STREET ADDRESS (If rural, give location) <u>202 E</u> <u>2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dale</u>			b. (Middle) <u>Arnold</u>		c. (Last) <u>Frede</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 21 - 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 24 1918</u>		9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>27</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>day labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Watson Mo.</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>William Frede</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Hartman</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>World War II</u>		16. SOCIAL SECURITY NO. <u>SS. No. 710-03-1407</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Frede - Watson 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>Drowning</u>  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. <u>E 9258</u> <u>42</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sund</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) <u>In Nishna river</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Watson Atchison Mo</u>		21d. 3			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>m.</u>		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>4-21, 1955</u> , to <u>4-21, 1955</u> , that I last saw the deceased alive on <u>4-21, 1955</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wallace Carpenter, M.D.</u>				23b. ADDRESS <u>Rock Port mo</u>		23c. DATE SIGNED <u>5-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 2 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>10 miles n.w. Rock Port mo</u>				
DATE REC'D BY LOCAL REG. <u>May 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Harmon W. Schooler</u>		FUNERAL DIRECTOR'S SIGNATURE <u>442 -</u> <u>Beatman Funeral Home</u>		ADDRESS <u>Rock Port mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1955

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 *B. E. Anttram*

Licensed Embalmer No. *1744*

P. O. Address *Back Post W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.