No. 300
10.48

FILED JUL 5 - 1955

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

State File No. 19547

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY OREGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) THAYER
c. LENGTH OF STAY (in this place) 7 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GEN. DELIVERY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY OREGON
c. CITY OR TOWN THAYER
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) GEN. DELIVERY 0750

3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) CLAUDE c. (Last) FREY

4. DATE OF DEATH (Month) (Day) (Year) MAY 21 - 1955

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH NOV. 4 - 1882
9. AGE (In years last birthday) 72 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and State or Foreign Country) JOBE - MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN FREY
13b. MOTHER'S MAIDEN NAME REBECCA ROBERTS
14. NAME OF HUSBAND OR WIFE MARTHA E. FREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME LUTHER FREY - THAYER - MO. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH March 1955

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Blindness

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1955, *to* May 21, 1955, *that I last saw the deceased alive on* May 21, 1955, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE A W Cooper (Degree or title) MD
23b. ADDRESS Thayer Mo
23c. DATE SIGNED 6-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5/24/55
24c. NAME OF CEMETERY OR CREMATORY COTTON CREEK CEM.
24d. LOCATION (City, town, or county) OREGON CO. (State) MISSOURI

DATE REC'D BY LOCAL REG. July 6, 1955
REGISTRAR'S SIGNATURE Arthur Wolff
25. FUNERAL DIRECTOR'S SIGNATURE EDWARDS FUNERAL HOME - ADDRESS DONIPHAN - Mo.

468-1

(Licensed Embalmer's Statement on Reverse Side)

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

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address Donigha

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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