

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4782**  
Registrar's No. **472**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>472</u>			
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 town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>10 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>4049 FOREST AVENUE</u>				e. STREET ADDRESS (If rural, give location) <u>4049 FOREST AVENUE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELSIE</u>		b. (Middle) <u>MABEL</u>		c. (Last) <u>FRIESEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30, 1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUGUST 21, 1911</u>			
9. AGE (in years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JANSEN, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		13a. FATHER'S NAME <u>PETER I FRIESEN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE REIMER</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs FLORENCE FRIESEN</u> ADDRESS <u>4049 FOREST AVE. KANSAS CITY 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm of Aorta</u> ANTECEDENT CAUSES: <u>Factor</u> DUE TO (b) <u>Rheumatic Heart disease.</u> 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 <u>5 yrs.</u> <u>35 yrs.</u> <u>H10X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <u>Dec 3, 1951</u> to <u>Jan 30, 1956</u> , that I last saw the deceased alive on <u>Jan 26, 1956</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Martin P. Hunter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1408 Waldheim Bldg.</u>		23c. DATE SIGNED <u>1/30/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-1-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>2-1-56</u>		REGISTRAR'S SIGNATURE <u>neva minahall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMERS</u> ADDRESS <u>1331. BAYN CREEK KANSAS CITY, MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *John B Lewis*

Licensed Embalmer No..... *487*

P. O. Address..... *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.