

FILED MAR 27 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9642**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>		c. LENGTH OF STAY (in this place) <u>7 Days</u>		c. CITY OR TOWN <u>CONCORDIA</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>MELLINK CLINIC</u>				e. STREET ADDRESS (If rural, give location) <u>217 E 5th ST 05th</u>					
3. NAME OF DECEASED (Type or Print) <u>FRED</u>			a. (First)		b. (Middle) <u>DELRIE</u>		c. (Last)		
4. DATE OF DEATH <u>MAR 23 1956</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>NOV 4, 1894</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CAFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN DELRIE</u>			13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE REYNOLDS</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DAVE FRERKING</u> ADDRESS <u>CONCORDIA, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) patient fell while having an attack of epilepsy (about 3 weeks prior to hosp. admission. Patient admitted on 3/17/56 AM - Fall caused patient to fracture DUE TO (c) ure rt. clavicle and rt. 2nd, 3rd &amp; 4th rib.</u> 2. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <u>rupturing subclavicular vessels with a large amount of blood extravasating throughout right shoulder and right arm.</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.) <u>inside residence</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Concordia, Missouri Lafayette Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 2 1956 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/17/19 56</u> to <u>3/23</u> , 19 56, that I last saw the deceased alive on <u>3/22/56</u> , 19 56, and that death occurred at <u>5:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George A. Telling MD</u>				23b. ADDRESS <u>Waverly, Missouri</u>				23c. DATE SIGNED <u>3/23/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/26/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>			
DATE REC'D BY LOCAL REG. <u>March 23-56</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

154-0

APR 2  
1956

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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. L. James.....

Licensed Embalmer No. 2058.....

P. O. Address Concordia.....

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.