

FILED AUG 22 1956

STANDARD CERTIFICATE OF DEATH

State File No. 27497

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

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Forest Park Twp</u>		c. LENGTH OF STAY (In this place) <u>22 Yrs.</u>	c. CITY OR TOWN <u>Monett</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 1, Monett, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 1, c 550</u>	
3. NAME OF DECEASED (Type or Print) <u>Walter Cleveland Friddle</u>		a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 14, 1885</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Frisco Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chester, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Friddle</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Friddle</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 # <u>702-07-2349</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Friddle</u>		ADDRESS <u>Monett, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200</u>	
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>once</u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u>Aug 15</u> , 19 <u>56</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Glass Jr M.D.</u> (Degree or title)		23b. ADDRESS <u>315 1/2 Broadway, Monett, Mo.</u>	23c. DATE SIGNED <u>8-15-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 15, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-15-56</u>	REGISTRAR'S SIGNATURE <u>Mrs P. N. Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home Monett, Mo.</u>	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 856 - 143

DATE REC. 8-20-56

AUG 22 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No 4432.....

P. O. Address Monett, 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.