

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

**40546**

State File No. \_\_\_\_\_

**FILED DEC 24 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 398

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Brunswick</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) _____	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Friesz</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-16-56</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>2</u>	
<b>8. DATE OF BIRTH</b> <u>1878</u>		<b>9. AGE</b> (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) _____		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Unknown</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA.</u>					

<b>13a. FATHER'S NAME</b> <u>George L. Friesz</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louisa Emrich</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Minnie Friesz</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Columbia Hospital Records, Un. Hospital, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral subdural hematoma</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 mos</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

<b>19a. DATE OF OPERATION</b> <u>9/21/56 + 9/29/56</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Bilateral subdural hematoma</u>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>21</u> (COUNTY) _____ (STATE) _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	

22. I hereby certify that I attended the deceased from Sept. 11, 1956, to Dec. 16, 1956, that I last saw the deceased alive on Dec. 16, 1956, and that death occurred at 5:45 p m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Samuel P. W. Bleck, M.D., University of Missouri Hosp</u>		<b>23b. ADDRESS</b> _____		<b>23c. DATE SIGNED</b> <u>12/16/56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>12/19/56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Brunswick</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Brunswick, Mo</u>					
<b>DATE REC'D BY LOCAL REG.</b> <u>Dec. 17, 1956</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. R.E. Palmer</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Samuel P. W. Bleck</u>	
				<b>ADDRESS</b> <u>Columbia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

511-11-1  
1951

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 *Lyman Sprinkle*.....  
Licensed Embalmer No. *401*.....  
P. O. Address *Columbus*.....

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.