

Health, Welfare, Public Service

300 -56

Use only black ink or ribbon typewrite if possible. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1834

STATE FILE NUMBER

FILED JAN 29 1957

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Aurora		c. CITY OR TOWN Rural	
c. FULL NAME OF (If NOT in hospital, give location) Aurora Hospital		d. STREET ADDRESS Crane Creek Twp.	
3. NAME OF DECEASED (Type or print) WILLIAM WALTER FRIEND		4. DATE OF DEATH Jan. 17, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED	8. DATE OF BIRTH Aug. 17, 1876
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY Agriculture	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and state or country) Dade Co., Mo.	
13. FATHER'S NAME William R. Friend		14. MOTHER'S MAIDEN NAME Mary Tyndall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Pearl Nichols		Address Crane, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart failure DUE TO (b) Atherosclerosis c.v. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH small indif
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY _____ a. m. _____ p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-30-56 to 56-17-57 and last saw ^{how} him alive on 1-17-57 Death occurred at 9:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 315 Madison, Aurora, Mo.	
22c. DATE SIGNED Jan 19/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/20/57	
23c. NAME OF CEMETERY OR CREMATORY Osa Cemetery		23d. LOCATION (City, town, county) (State) Barry County, Mo.	
24. FUNERAL DIRECTOR Arnold's Funeral Home		25. DATE RECD. BY LOCAL REG. 1/20/57	
ADDRESS Aurora, Mo.		26. REGISTRAR'S SIGNATURE Ora Mc Natt	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Irwin R. Linn

Licensed Embalmer No. *47*

P. O. Address *Aurora, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.