

STANDARD CERTIFICATE OF DEATH

Dr. Forgrave

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) rural Washington Twp St. Joseph		c. CITY OR TOWN Atchison	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 Months		e. STREET ADDRESS (If rural, give location) 1413 Utah Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2730 Belt Highway			

3. NAME OF DECEASED (Type or Print) Sophia Louise Fridell			4. DATE OF DEATH Apr. 6, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 27, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Lancaster, Kan.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Christian Kloepper		13b. MOTHER'S MAIDEN NAME Caroline Dorssom		14. NAME OF HUSBAND OR WIFE George Fridell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.E. Fridell, St. Joseph, Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH 10 Month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of large bowel (Caecum)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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 8-21-56		19b. MAJOR FINDINGS OF OPERATION Cancer of Caecum - with intestinal obstruction 153X		20. AUTOPSY? 2 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) m.		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 7-30, 1956, to 4-6-1957, that I last saw the deceased alive on 3-15, 1957, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE Paul Forgrave M.D.		23b. ADDRESS St Joseph, Mo		23c. DATE SIGNED 4-8-57	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Apr. 6, 1957		24c. NAME OF CEMETERY OR CREMATORY Unanda Cemetery	
				24d. LOCATION (City, town, or county) (State) Robinson, Kan.	

DATE REC'D BY LOCAL REG. April 9, 1957		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanton Mortuary-Atchison, Kan.	
--	--	---	--	--	--

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

APR 18 1957

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 *Wm. Stanton*.....

Licensed Embalmer No. *37*.....

P. O. Address *Albion*.....

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.