

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157-0-232-15
STATE FILE NUMBER

FILED JUL 9 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 108

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Vernon</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington Township</i>		a. STATE <i>Mo</i>		b. COUNTY <i>Jackson</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hospital 3</i>		Length of stay in lb <i>18 days</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>WANDA - LEE - FRIDAY</i>				4. DATE OF DEATH <i>June 30 1957</i>			
5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov 28, 1930</i>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		9. AGE (In years last birthday) <i>26</i>		11. BIRTHPLACE (City and state or country) <i>Kansas City Mo</i>	
13. FATHER'S NAME <i>Leo Friday</i>				14. MOTHER'S MAIDEN NAME <i>Alvena White</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Records State Hosp 3 Nevada Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Failure</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 hours since birth</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Huntington's Chorea</i>						DUE TO (c) <i>355X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Chronic Brain Syndrome associated Huntington's Chorea</i>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <i>Hour: p. m.</i>							
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 <i>June 11/57</i> , to <i>June 30/57</i> and last saw her alive on <i>June 30/57</i> . Death occurred at <i>11:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Paul L. Barone, M.D.</i>				22b. ADDRESS <i>State Hospital 3 Nevada Mo</i>		22c. DATE SIGNED <i>June 30/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 20, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>	
24. FUNERAL DIRECTOR <i>Ferry Funeral Home, Nevada, Mo</i>				25. DATE RECD. BY LOCAL REG. <i>7-6-1957</i>		26. REGISTRAR'S SIGNATURE <i>Anna J. Ferrys</i>	

(Licensed Embalmer's Statement on Reverse Side)

alth, welfare, public service, 300, -56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms with no history of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *L. Douglas Perry*.....

Licensed Embalmer No. *4*.....

P. O. Address *Newark*.....

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.