

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006622
State File No.

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5877 Registrar's No. 7

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

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>OREGON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>ALTON RURAL-PINEY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ALTON RURAL-PINEY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0750</u> | |

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|--|------------------------------|--|--|--|---|
| 3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>FRIEND</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 10 1958</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>12/17/1878</u> | 9. AGE (In years last birthday) <u>79</u> | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>JOHN S. FRIEND</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY JONES</u> | | 14. NAME OF HUSBAND OR WIFE <u>ROSA FRIEND-DEC</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 NO. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN H. FRIEND ALTON, MO</u> | |

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|---|--|--|----------------------------------|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery of heart</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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) <u>1561</u> | |
| 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 Feb 8, 1958, to Feb 10, 1958, that I last saw the deceased alive on Feb 8, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>John H. Friend</u> (Degree or title) | | 23b. ADDRESS <u>Alton, Mo</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2/11/1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BAILEY CEMETARY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>OREGON COUNTY, MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John D. Clark Alton, Mo</u> | | | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>2-21-58</u> | | REGISTRAR'S SIGNATURE <u>Mrs. W.C. Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John D. Clark Alton, Mo</u> | |
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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
Student Embalmer

Signed

John D. Clark

Licensed Embalmer No. *4475*

P. O. Address *Box 398, Atton, 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 this body is not embalmed, fact should be so stated above.