

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018177

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2374

S. 300
7. 1-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Douglas							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lawrence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			Length of stay in 1b 7 days		d. STREET ADDRESS (If outside, give location) 1500 Learnard		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First PAUL Middle H. Last FRIEND				4. DATE OF DEATH Month May Day 9 Year 1958							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-18-95		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman			10b. KIND OF BUSINESS OR INDUSTRY Lumber		11. BIRTHPLACE (City and state or country) Soldier, Kansas		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Carl Friend				13b. MOTHER'S MAIDEN NAME Nora Holston				14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) Yes WW I			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT VA Hospital Official Records Address _____						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal and liver failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Liver cirrhosis 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 5870				
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 Hour _____ a.m. _____ p.m. _____											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Attended the deceased from May 2, 1958 to May 9, 1958 Death occurred at 2:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Mario Ross (Degree or title) M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.				22c. DATE SIGNED 5-9-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-9-58		23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Lawrence, Mo.					
24. FUNERAL DIRECTOR Funk-Cooper-Warren, Lawrence, Kansas				ADDRESS Lawrence, Kansas		25. DATE RECD. BY LOCAL REG. 5-10-58		26. REGISTRAR'S SIGNATURE Neva Marshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS
APR 28 1959

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

Licensed Embalmer No.

P. O. Address

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.