

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038832
STATE FILE NUMBER

FILED DEC 12 1958 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY BATES			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BATES		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BUTLER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BUTLER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSP 1WK.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 302 E FT SCOTT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LIED VICTOR FRIEBERG			4. DATE OF DEATH Month Day Year Nov. 29-1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR 10-1907		9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTH PLACE (City and state or country) SALEM MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME NEWTON FRIEBERG		13b. MOTHER'S MAIDEN NAME MARY O'BRIEN	
14. NAME OF HUSBAND OR WIFE FLORENCE FRIEBERG		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.		17. INFORMANT Florence Friberg - Butler MO		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) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.) None		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None					
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.) None		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-20-58 , to 11-29-58 and last saw him alive on 11-29-58 Death occurred at 4 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Douglas J. Ronald MD			22b. ADDRESS Butler, Mo.		22c. DATE SIGNED 12/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-2-58	23c. NAME OF CEMETERY OR CREMATORY OAKHILL		23d. LOCATION (City, town, or county) (State) BUTLER MO
24. FUNERAL DIRECTOR Culver Underwood - Butler MO		ADDRESS		25. DATE RECD. BY LOCAL REG. Dec. 1, 1958	26. REGISTRAR'S SIGNATURE Kimball Perry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

DEC 15 1958

VS AUG 26 1958

FEB 6 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 *Robert G. Sturtevant*

Licensed Embalmer No. *4657*

P. O. Address *Butte, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.