

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000673
STATE FILE NUMBER

FILED FEB 13 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 38

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

| | | | |
|---|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monticau | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN HI POINT Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S Hosp Length of stay in lb 2hrs | | d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Albert Henry Frederickson | | | 4. DATE OF DEATH Feb - 6 - 59 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 4 1931 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 27 student | | 10b. KIND OF BUSINESS OR INDUSTRY school | 9. AGE (In years last birthday) 27 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) Cuba, Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME G. Albert Frederickson | | 13b. MOTHER'S MAIDEN NAME Ella Farris | |
| 14. NAME OF HUSBAND OR WIFE Amelia Snyder | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean Conflict | |
| 16. SOCIAL SECURITY NO. NOT ANZI | | 17. INFORMANT MRS Amelia Frederickson Address HI POINT | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lacerated Warts DUE TO (b) Crushed Chest DUE TO (c) 9101 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 46 | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. |
| 20a. ACCIDENT <input checked="" 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.) Tree fell on patient | |
| 20c. TIME OF INJURY 8:30 a.m. Feb 6, 1959 | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm | |
| 20e. CITY, TOWN, OR LOCATION Colifarms | | 20f. COUNTY STATE Monticau, Mo. | |
| 21. I attended the deceased from Feb. 6, 1959, to Feb. 6, 1959 and last saw him alive on Feb. 6, 1959 Death occurred at 11:05 p.m. Feb. 6, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Fred O. Legum (Degree or title) M.D.O | | 22b. ADDRESS 217 Jackson Jefferson City, Mo. | |
| 22c. DATE SIGNED 2/7/59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb 9 - 59 | 23c. NAME OF CEMETERY OR CREMATORY Cuba Cemetery | 23d. LOCATION (City, town, or county) (State) Cuba Mo. |
| 24. FUNERAL DIRECTOR Hoenet Funeral Home | | 25. DATE RECD. BY LOCAL REG. 9 February 1959 | |
| 26. REGISTRAR'S SIGNATURE R.P. Harris, MD-GR | | | |

MAY 21 1959

WS FEB 13 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 *Ray Ford*

Licensed Embalmer No. *1786*
P. O. Address *St. Louis, 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.