

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000845
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LUEBBERING		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS Hosp.		Length of stay in lb 8 wks	d. STREET ADDRESS (If outside, give location) STAR RT.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARDEN Middle BURTON Last FRIEND			4. DATE OF DEATH Month JAN. Day 18 Year 1959		
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 JUNE 30 1877		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) ELWOOD ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN FRIEND		13b. MOTHER'S MAIDEN NAME MARTHA JACKSON		14. NAME OF HUSBAND OR WIFE AGNES FRIEND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address O.C. Friend Luebbing Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Sept. heart failure					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General 3rd degree arteriosclerosis					years.
DUE TO (c) coronary insufficiency + mild Hypertension					3 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Boarding Party Check 4201					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 Hour _____ a.m. _____ p.m. _____					
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 1957 to Death and last saw her alive on 1-18-59 Death occurred at 100 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John Pearl, MD (Degree or title)			22b. ADDRESS St. Clair, Mo		22c. DATE SIGNED 1-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Jan. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Grubville Mo.
24. FUNERAL DIRECTOR Sherwood W. Kitchell ADDRESS St. Clair, Mo.		25. DATE RECD. BY LOCAL REG. 1/21/59		26. REGISTRAR'S SIGNATURE John H. Williams	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 20 1958

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 *Sherwood W. Kitchell*

Licensed Embalmer No. *3873*
P. O. Address *St. Clair*

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.