

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031426

FILED VS. SEP 23 1959 032

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 61

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Whitewater Twp.		Length of stay in 1b 45 yrs.		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. N.E. Sedgewickville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 Mi N.E. Sedgewickville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EILA Middle D Last FRIESE				4. DATE OF DEATH Month Sept Day 13 Year 1959				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/12/1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Sedgewickville Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Statler			13b. MOTHER'S MAIDEN NAME Hartle			14. NAME OF HUSBAND OR WIFE Ira Friesse Deceased		
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. None		17. INFORMANT Address Virgil Friesse Sedgewickville, 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) Myo-Carditis							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year _____								
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 Jan 1st 1944 to Sept 13th 59 and last saw her alive on Sept 8th 1959 Death occurred at 2 AM Sept 13, 1959 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Eckler, Crites M.D.				22b. ADDRESS Sedgewickville Mo			22c. DATE SIGNED 9/17/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/15/59	23c. NAME OF CEMETERY OR CREMATORY Sargents Chapel			23d. LOCATION (City, town, or county) (State) 3 Mi. N.E. Sedgewickville, Mo			
24. FUNERAL DIRECTOR McCombs			ADDRESS JACKSON, Mo.		25. DATE RECD. BY LOCAL REG. 9-18-59	26. REGISTRAR'S SIGNATURE Mrs. Buford Crader		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 26 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B A Meyer

Licensed Embalmer No. 3957

P. O. Address Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.