RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1959

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 141

59-031835
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cooper
c. CITY OR TOWN: Boonville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 314 7th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOSEPH Middle: KEITH Last: FRIEDRICH

4. DATE OF DEATH: Month: Sept. Day: 30, Year: 1959

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/29/59
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: Days: 1
IF UNDER 24 HR: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Boonville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Earl Henry Friedrich
13b. MOTHER'S MAIDEN NAME: Alice Genevieve Schuster
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Earl Friedrich Address: Boonville, Mo.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congenital Heart Disease incompletely diagnosed.
DUE TO (c): Prematurity

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9/29/59, to 9/30/59 and last saw ~~her~~ him alive on 9/30/59
Death occurred at 1:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Willard B. Avery MD
22b. ADDRESS: 329 Main St. Boonville Mo
22c. DATE SIGNED: 9/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/1/59
23c. NAME OF CEMETERY OR CREMATORY: St Peter & Paul's Cem
23d. LOCATION (City, town, or county) (State): Boonville, Mo.

24. FUNERAL DIRECTOR: B. N. Thacher ADDRESS: Boonville, Mo.
25. DATE RECD. BY LOCAL REG.: 10/1/59
26. REGISTRAR'S SIGNATURE: B. Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT ... BY AFFIDAVIT OF

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 Berry W. Thar

Licensed Embalmer No. 3944

P. O. Address Boonville

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