

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027084
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3574

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59

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28/46

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY POLK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 DAYS	c. CITY OR TOWN DES MOINES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1808 WEST 44TH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN FRANCIS FREY			4. DATE OF DEATH Month Day Year JULY 7 1962
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 2/12/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIN TENANT SUPERINTENDANT		10b. KIND OF BUSINESS OR INDUSTRY INDEPENDENT SCHOOL DISTRICT	9. AGE (last birthday) 71 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Months Days Hours Min.
11a. FATHER'S NAME JOHN FREY		11b. MOTHER'S MAIDEN NAME ANNA SCHWAB	11. BIRTHPLACE (City and state or country) DES MOINES, IOWA
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		12b. SOCIAL SECURITY NO. 70	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME JOHN FREY		13b. MOTHER'S MAIDEN NAME ANNA SCHWAB	14. NAME OF HUSBAND OR WIFE MRS. RUTH E. FREY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		16. SOCIAL SECURITY NO. 70	17. INFORMANT JAMES FREY Address 419 WEST 63RD ST. KANSAS CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarct			INTERVAL BETWEEN ONSET AND DEATH 2 Days
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) Arteriosclerosis Generalized			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 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. 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 July 5, 62 , to July 7, 62 and last saw her/him alive on July 7, 62 Death occurred at 9:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.D. Bennett MD		22b. ADDRESS R.E. No 407 E 63rd	22c. DATE SIGNED 7-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 7, '62	23c. NAME OF CEMETERY OR CREMATORY DES MOINES, IOWA, CEM. DES MOINES IOWA	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-8-62	26. REGISTRAR'S SIGNATURE Ruth E. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 Harold P. Reich

Licensed Embalmer No. 4998
P. O. Address K.C. 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.