

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039902

5660

STATE FILE NUMBER

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

FILE NOV 4 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K.C. McKannan City		Length of stay in lb 5 yrs.	c. CITY OR TOWN K.C. McKannan City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 913 Holmes
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LYNN Middle A. Last FRIEND			4. DATE OF DEATH Month 10 - Day 20 - Year 63		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-18-14	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electrical	11. BIRTHPLACE (City and state or country) Benton County Missouri U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Mert Freund		13b. MOTHER'S MAIDEN NAME Lezetta Parks		14. NAME OF HUSBAND OR WIFE Miss Barbara Freund, Sedalia Mo	
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. [redacted]		17. INFORMANT Address Miss Barbara Freund, Sedalia Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary arteriosclerosis

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.	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 Sedalia		COUNTY STATE

21. I attended the deceased from 10-11-63 to 10-20-63 and last saw her/him alive on 10-20-63
Death occurred at 12:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles B. Wheeler Jr MD	(Degree or title)	22b. ADDRESS Research Hosp. KC Mo	22c. DATE SIGNED 10/20/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-20-63	23c. NAME OF CEMETERY OR CREMATORY Sedalia, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR DeWeckhart, Hellespie Funeral Home	ADDRESS Sedalia, Mo	25. DATE RECD. BY LOCAL REG. 10-20-63	26. REGISTRAR'S SIGNATURE Bessie Smith

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Charles B. Wheeler, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

NOV 21 1966

NOV 4 1963

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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 *W. Wekart*

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.