

FILED NOV 4 1948

Registration District No. 232

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4214

State File No. 32707

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Res. Calhoun  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Years  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Willie Marion Friel

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Estella Friel 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased June 6 1872  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Kempton ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Charles Friel  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Heavisides  
15. Birthplace London England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jim Mock  
(b) Address Calhoun, Mo.  
17. (a) Burial (b) Date thereof Oct 28, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Heavisides Cem.

18. (a) Signature of funeral director W. H. Gushy  
(b) Address Calhoun, Mo.  
19. (a) 10-25-48 (b) R. B. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 420  
(c) City or town Calhoun  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24  
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 21  
1948 to Oct 24 1948  
that I last saw him alive on Oct 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 48 hrs  
Due to arterio sclerosis ?

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy 136  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury 1  
23. Signature Ray A. Jordan (M. D. or other)  
Address Winback, Mo. Date signed 10-25-48

RECEIVED

District Health Officer No. 7,

District File Number 10-48-1262

Date Filed 11-2-48

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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 Me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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 this body is not embalmed, fact should be so stated above.