

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1619

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4245 Registrar's No. 23

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oronogo, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oronogo	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) Fredrick c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4 Days 15	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman	10b. KIND OF BUSINESS OR INDUSTRY Bushman Construction Co.	11. BIRTHPLACE (State or foreign country) Fayetteville, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME General P. Fredrick	13b. MOTHER'S MAIDEN NAME Polly Jane Fredrick	14. NAME OF HUSBAND OR WIFE Leona Fredrick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona Fredrick, Oronogo, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4501			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1-31, 1949, to 1-31, 1949, that I last saw the deceased alive on 1-31, 1949, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. G. Munson, D. O. P.	23b. ADDRESS 205 W. Broadway Webb City, Mo	23c. DATE SIGNED 2-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Sherwood Cemetery	24d. LOCATION (City, town, or county) (State) North West of Joplin MO
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DATE REC'D BY LOCAL REG. FEB; 2; 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnice-Simpson, Webb City, Mo
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MAR 21 1949

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.

Signed: Harvey E. Bruce

Signed _____
Student Embalmer

Licensed Embalmer No. 4463

P. O. Address W. B. City, 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.