S. No. 300
. 10.48

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8989

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: LAFFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEXINGTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1621 FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEXINGTON
d. STREET ADDRESS (If rural, give location): 1621 FRANKLIN

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) W c. (Last) FREDENDALL

4. DATE OF DEATH (Month) (Day) (Year): MAR 29, 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 6, 1863
9. AGE (In years last birthday): 85 — If under 1 year: Months 8, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M. D.
10b. KIND OF BUSINESS OR INDUSTRY: Doctor of Medicine
11. BIRTHPLACE (State or foreign country): MINERAL SPRINGS N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ABRAM FREDENDALL
13b. MOTHER'S MAIDEN NAME: CATHERINE SERVISS
14. NAME OF HUSBAND OR WIFE: BESSIE PRICE

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.: none
17. INFORMANT'S SIGNATURE OR NAME: MRS G.W. FREDENDALL — ADDRESS: LEX., MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis & mitral stenosis

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Jan, 1946, *to* Mar 29, 1949, *that I last saw the deceased alive on* Mar 29, 1949, *and that death occurred at* 8:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben H Brasher MD
23b. ADDRESS: Lexington Mo
23c. DATE SIGNED: 3/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR 31, 1949
24c. NAME OF CEMETERY OR CREMATORY: MACHPELAH
24d. LOCATION (City, town, or county) (State): LEXINGTON, MO

DATE REC'D BY LOCAL REG.: 3/31/49
REGISTRAR'S SIGNATURE: Maureen E Eustachowski 156
25. FUNERAL DIRECTOR'S SIGNATURE: FORREST F. TEMPEL — ADDRESS: LEX., MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-1-49

MAR 27 1950

DEC 6 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.

Student .....
Student Embalmer

Signed Geo. McLean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.