

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39
2
6
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **703**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Play	
c. LENGTH OF STAY (In this place) 10 DAYS		d. STREET ADDRESS (If rural, give location) Route #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION: O'REILLY VAH, SPRINGFIELD, MO.			

3. NAME OF DECEASED (Type or Print) CHARLES E. FRITTS			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER 18, 1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) STOCKTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME NEILSON FRITTS	13b. MOTHER'S MAIDEN NAME SARAH CHURCH	14. NAME OF HUSBAND OR WIFE DESSA L. FRITTS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES MAY 28, 1918 to JAN. 13, 1919	16. SOCIAL SECURITY NUMBER NONE	17. INFORMANT'S SIGNATURE OR NAME O'REILLY VA HOSPITAL, SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4501
	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) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY 29, 1949**, to **August 8, 1949**, that I last saw the deceased **alive on AUGUST 8, 1949**, and that death occurred at **10:00Am.**, from the causes and on the date stated above.

23a. SIGNATURE Paul L. Eisele (Degree or title) CLINICAL DIRECTOR	23b. ADDRESS O'REILLY VAH, SPRINGFIELD, MO.	23c. DATE SIGNED 8-9-49
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE August 9, 1949	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Eldorado Springs, Mo.
--	---------------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-10-49 W.S. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schreyer ADDRESS F.H. Springfield Mo.
---	---

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 Bernard F. Wright

Licensed Embalmer No. 42930

P. O. Address Springfield

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.