

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36210**
Registrar's No. **205**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If different from residence before death) a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN MEXICO, Missouri		c. CITY OR TOWN RURAL - PRAIRIE TOWNSHIP	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARIA b. (Middle) FRIDERIKA c. (Last) FREIE			4. DATE OF DEATH DECEMBER 7, 1949 (Month) (Day) (Year)		
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 18, 1886	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months 4 Days 19	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GERMANY 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Blau	13b. MOTHER'S MAIDEN NAME Wilme Burkamp	14. NAME OF HUSBAND OR WIFE Edward Freie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Wagner	ADDRESS Rush Hill, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 18 mins
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery insufficiency		
	DUE TO (c) Carcinoma of breast		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Radical breast amputation		Interval between onset and death 2 years 4 20/1 2 years 4 days	

19a. DATE OF OPERATION Dec-3-1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of left breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **11-30**, 19**49**, to **12-7**, 19**49**, that I last saw the deceased alive on **12-7**, 19**49**, and that death occurred at **9:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. O. Severin	23b. ADDRESS 10. O. 2 Mexico, Mo	23c. DATE SIGNED 12-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 9, 1949	24c. NAME OF CEMETERY OR CREMATORY Lutheran Church Cemetery	24d. LOCATION (City, town, or county) (State) Montgomery County Missouri
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DATE REC'D BY LOCAL REG. Dec 8 1949	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Kuhne Funeral Home	ADDRESS Wellsville, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DEC 12 1949
District Health Officer No. 1
District File Number 12-49-
Date Filed

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 Edoone Schlanke

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Md.

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.