

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37262

State File No. ....

FILED DEC 3 1949

BIRTH NO. 62980-44 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4789

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			
3. NAME OF DECEASED a. (First) Lowell		b. (Middle) Arkley	
c. (Last) Frieze Jr.		4. DATE OF DEATH (Month) (Day) (Year) November 10, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 11, 1949
9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Butler, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME L.A. Frieze Sr.	
13b. MOTHER'S MAIDEN NAME Mildred Marie Pyle		14. NAME OF HUSBAND OR WIFE None (Infant)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS St. Lukes Hospital Records, Kansas City,	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Erythroblastosis Fetalis Hemorrhagicum of Congenital Heart,</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Menigitis - non epidemic</i> 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 <i>autopsy - liver damage 7700</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>11-7</u> , 19 <u>49</u> , to <u>11-10</u> , 19 <u>49</u> , that I last saw the deceased <u>live on 11-10</u> , 19 <u>49</u> , and that death occurred at <u>4 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Harry M. Gilkey M.D.		23b. ADDRESS 1624 Professional Bldg. K.C. Mo.	
23c. DATE SIGNED 11-11-49			
24a. BURIAL CREMATION/REMOVAL (Specify) Burial		24b. DATE Nov. 13 1949	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Aldrich, Missouri	
DATE REC'D BY LOCAL REG. 11-11-49		REGISTRAR'S SIGNATURE <i>Staldine Holmes</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Erwin & Blue Funeral Home, Bolivar, Mo.	

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.