

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4346

State File No.

REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PILOT GROVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Grove Mo.</u>	
c. LENGTH OF STAY (in this place) <u>59 yrs</u>		d. STREET ADDRESS (If outside location) <u>College Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>College Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTENA</u>		b. (Middle) <u>JOSEPHINE</u>	
c. (Last) <u>FRIESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 - 3 - 50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-18-1890</u>
9. AGE (In years last birthday) <u>59 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>John Friess</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Friess</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension, arterosclerosis, atherosclerosis</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Diabetes Mellitus</u>	
II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK? 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>5-2-49</u> , 19 <u>49</u> , to <u>2-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-17</u> , 19 <u>49</u> , and that death occurred at <u>4:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. M. Stuart, M.D.</u> (Degree or title)		23b. ADDRESS <u>379 main, Bonville</u>	
23c. DATE SIGNED <u>2-4-50</u>		24. LOCATION (City, town or county) (State) <u>Near Pilot Grove, MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 5-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls E. V. Reform</u>		24d. LOCATION (City, town or county) (State)	
DATE REC'D BY LOCAL REG. <u>Feb 4-1950</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey & Painter</u>		ADDRESS <u>Pilot Grove</u>	

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

RECEIVED FEB 8
District Health Officer No. 8,
District File Number.....
Date Filed 2-21-50.

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed Rayton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

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.