

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13888**

FILED APR 28 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO **234** PRIMARY REG. DIST. NO **5815** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Haw Creek</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Haw Creek Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 Miles N.E. of Stover</b>		d. STREET ADDRESS (If rural, give location) <b>5 Miles N.E. of Stover, Mo.</b>	

3. NAME OF DECEASED (Type or Print) <b>FREDERICK HARVEY FRIEDLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 15 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 16, 1864</b>		9. AGE (In years last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Coonrad Friedley</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Donna Friedley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Otto Kroeschen Stover</b>	ADDRESS <b>Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Leuorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 or 3 to 2 yrs</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above-cause (a) stating the underlying cause last. DUE TO (b) <b>Cordis Renal Syndrome</b>			<b>3 or 4 yrs</b>
	DUE TO (c) <b>Arterio Sclerosis</b>			<b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>442x</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 **Dec 1948** to **4-15**, 1950, that I last saw the deceased alive on **4-1**, 1950, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Washburn</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Stover, Mo.</b>	23c. DATE SIGNED <b>4-15-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 19 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Nebo cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Morgan County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 19th 1950</b>	REGISTRAR'S SIGNATURE <b>Tom L. Ripperger</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. L. Stover</b>	ADDRESS <b>Stover, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0710

0710

RECEIVED

District Health Officer No. 7,

District Registrar 3-50-420

Date Filed 4-27-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed J. L. Stevenson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

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.