

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22698**

FILED AUG 14 1950

BIRTH NO. **59172** REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **557**

No. 300  
10.48

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

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamar</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>###</del> - <b>Nashville Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barton Co. Memorial</b>		d. STREET ADDRESS (If rural, give location) <b>P.R.F. Lamar 9060</b>	
3. NAME OF DECEASED a. (First) <b>Edwin</b> (Type or Print)		b. (Middle) <b>R.</b>	
c. (Last) <b>Frieden</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31 - 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 28 - 1950</b>
9. AGE (In years last birthday) <b>0</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>3</b>	IF UNDER 1 HR. Hours <b>0</b> Min. <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri (Lamar)</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>Virgil M. Frieden</b>	
13b. MOTHER'S MAIDEN NAME <b>Bernice E. Lohie Braker</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
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>Alice M. Braker</b>		ADDRESS <b>Liberal Mo</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory arrest</b> ANTECEDENT CAUSES (b) <b>Premature Birth</b> Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (c) <b>WT = 1' 10"; age 3 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
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) (Min.)		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 <b>July 30, 1950</b> , to <b>July 31, 1950</b> that I last saw the deceased alive on <b>July 31, 1950</b> , and that death occurred at <b>4:00 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>H.M. Arnold, M.D.</b>		23b. ADDRESS <b>Lamar, Missouri</b>	
23c. DATE SIGNED <b>Aug 1, 50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Aug 1 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Apostolic Christian</b>	
24d. LOCATION (City, town, or county) (State) <b>Lamar, Mo. R#1</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Marie Konantz</b>	
DATE REC'D BY LOCAL REG. <b>AUG 1 - 1950</b>		ADDRESS <b>Konantz Funeral Home, Lamar, Mo.</b>	

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED AUG 7 1950

Dist. File 850-939

Date Filed 8-7-50

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Carl F. Kouantz*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.