

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33514

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4398

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>19 years</b>		d. STREET ADDRESS (If rural, give location) <b>639 West 39 Terr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>MRS THERESA M FREY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 16 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>April 10 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Paxico, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Moritz Hund</b>	13b. MOTHER'S MAIDEN NAME <b>Pauline Muckenthaler</b>	14. NAME OF HUSBAND OR WIFE <b>John J Frey</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Catherine Frey</b>	ADDRESS <b>639 West 39 Terr</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Proctonecrosis recti</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>24 hrs</b> <b>10 yrs</b> <b>EQDHO</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary embolism</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
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 <b>123</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Mo Jackson Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 6 50 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell at home</b>

22. I hereby certify that I attended the deceased from **10-6**, 19**50**, to **10-16**, 19**50**, that I last saw the deceased alive on **10-16**, 19**50**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Daniel F. Hogan</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>801 2 W 39th KC Mo</b>	23c. DATE SIGNED <b>10-18-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/19/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Paxico, Kansas</b>		

DATE REC'D BY LOCAL REG. <b>10-18-50</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Robin</b>	ADDRESS <b>20 West Linwood</b>
---	--	--	-----------------------------------

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

**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 Embalmer No. ....

Signed

*Farrest D Coldenew*

Signed.....

Student Embalmer

Licensed Embalmer No.

*4714*

P. O. Address

*H. C. Ms*

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.