

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37905  
Registrar's No. 46

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386

1750

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

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Thayer		b. COUNTY Oregon	
c. LENGTH OF STAY (in this place) 45 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Thayer	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First)	b. (Middle) FRIEDMAN, SR.	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1950
--	------------	---------------------------	-----------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1875	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Days 7	11. UNDER 100 HRS. Mln. 25
-------------	------------------------	--	---------------------------------	------------------------------------	-------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hungary	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME Martin Friedman	13b. MOTHER'S MAIDEN NAME Elizabeth Glenoda	14. NAME OF HUSBAND OR WIFE Mary Friedman
------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Friedman	ADDRESS Thayer, Mo.
--	--	-------------------------	--	---------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Parkinsonian Disease		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			33 IX

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 Sept 1, 1950, to Dec 20, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED 11-28-50
--	------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 22, 1950	24c. NAME OF CEMETERY OR CREMATORY Davis Cemetery	24d. LOCATION (City, town, or county) (State) Thayer, Mo.
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. 12-5-50	REGISTRAR'S SIGNATURE Ella Cross	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Thayer, Mo.
----------------------------------	----------------------------------	--	---------------------

DECEMBER 8 1950

DEC 8 1950

DISTRICT HEALTH OFFICE No. 7

No. ....

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

*Edward Carter*

Signed.....

Student Embalmer

Licensed Embalmer No. 4516

P. O. Address *Hayes Ave*

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.