

FILED DEC 4 1950, STANDARD CERTIFICATE OF DEATH

State File No. 38039

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5977 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Aedrich Union Tp</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Aedrich Union Tp</i>	
c. LENGTH OF STAY (in this place) <i>30 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Aedrich 1/2 mi. West of Aedrich</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Harmen</i> c. (Last) <i>Frieze</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 5 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>April 5 1877</i>		9. AGE (In years last birthday) <i>73</i>
10a. USUAL OCCUPATION (Give kind of work during most of working life, or as if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<i>Farmer &amp; Stock Dealer</i>		<i>Stark Brothers Co. Mo</i>		<i>Mo</i>	
13a. FATHER'S NAME <i>Arley Frieze</i>		13b. MOTHER'S MAIDEN NAME <i>Arnilda McPeak Lillie Frieze</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Charles Fifer Balwan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
<i>no</i>		<i>none</i>		<i>Mrs. Charles Fifer Balwan</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>				<p>4:01</p>	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
II. OTHER SIGNIFICANT CONDITIONS		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ about _____ a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)			23b. ADDRESS		23c. DATE SIGNED
<i>[Signature]</i> Polk County Coroner			<i>Bolivar, Mo.</i>		<i>Nov. 6, 1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>Nov 7 1950</i>		<i>Pleasant Ridge Near Aedrich Mo</i>	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		25. NUMBER OF DIRECTOR'S SIGNATURE ADDRESS	
<i>Nov. 17, 1950</i>		<i>Ralph Gordonper Jewell Gordon</i>		<i>Blue Bolivar, Mo.</i>	

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

2840  
11/1

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 25 1950

Dist. File 1130-2358

Date Filed 11-30-50

OCT 18 1954

RECEIVED

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.

Student .....  
Student Embalmer

Signed

*Chas Jester*

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.