

FILED MAR 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3837

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>130 E. Dartmouth Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>			

3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>FRIEDMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-17-1925</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 12 HRS. Days <u>14</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Accountancy</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Friedman</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Ziman</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David Friedman</u>	ADDRESS <u>130 E. Dartmouth Rd. K.C., Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Buncho-pneumonia</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pachymeningitis</u> DUE TO (c) <u>Fell out of bed</u>		<u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrasia</u>		<u>6 years</u>	
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>In ward of mental hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-25-51-3A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell out of bed.</u>

22. I hereby certify that I attended the deceased from 2-20-, 1951, to 3-1-, 1951, that I last saw the deceased alive on 2-28-, 1951, and that death occurred at 3:05A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph Mo</u>	23c. DATE SIGNED <u>3-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Louis</u>	ADDRESS <u>Funeral Home K.C. Mo</u>
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by Morroway, O. D. (Licensed Embalmer's Statement on Reverse Side) 3400 Woodland Ave.

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.....
Student Embalmer

Signed *Harry Buffington*.....

Licensed Embalmer No. *2756*.....

P. O. Address *N. C. Me*.....

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.