No. 300
10.48

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11550

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (In this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 MILE WEST OF COLUMBIA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COOPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE 0272
d. STREET ADDRESS (If rural, give location): 810 FOURTH STREET /

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JOSEPH
c. (Last): FREDMEYER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 7 - 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /
8. DATE OF BIRTH: JULY 29 - 1924
9. AGE (In years last birthday): 26 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: LIQUOR STORE
11. BIRTHPLACE (State or foreign country): BOONVILLE - MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: B.J. FREDMEYER
13b. MOTHER'S MAIDEN NAME: MATILDA KOPP
14. NAME OF HUSBAND OR WIFE: BETTY OERLY FREDMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS W.J. FREDMEYER - BOONVILLE 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple injuries to head, chest, abdomen, extremities
DUE TO (c) Violent impact of car with truck

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:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 40 - 2 mi. E.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Columbia / Boone / Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 7 1951 10:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Impact of car with truck

22. *I hereby certify that I attended the deceased from* Coroner, 19__, *to* August, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry M. Gerfelt M.D. Coroner
23b. ADDRESS: Columbia Missouri
23c. DATE SIGNED: 3-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 11-1951
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE CEM.
24d. LOCATION (City, town, or county) (State): BOONVILLE - MO.

DATE REC'D BY LOCAL REG.: Mar. 10 1951
REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STEGNER FUNERAL HOME-BOONVILLE MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-20-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 3-20-51

APR 1 1951

APR 13 1951

MAR 9 1952

MAR 21 1951

MAY 1 1952

APR 14 1951

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 James W. Morgan

Signed
Student Embalmer

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.