

W. H. HAYNES
FILED JUN 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19103

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 112

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>	
c. LENGTH OF STAY (in this place) <u>3 Months</u>		d. STREET ADDRESS (If rural, give location) <u>919-7th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Paula Receptor Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> c. (Last) <u>Henry Friedrich</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 21-1888</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Quon Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Friedrich</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Delius</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>385 0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Burk's Boonville Mo</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Annie Burk's Boonville Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Burk's Boonville Mo</u>		ADDRESS <u>Boonville Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <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) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parthenarian Syndrome ?</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350x</u>		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 4/3/51, 1951, to 5/15/51, 1951, that I last saw the deceased alive on 5/9/51, 1951, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>6/1/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 5-51</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		385 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman Haller</u>		ADDRESS <u>Boonville Mo</u>	
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RECEIVED 6-11-67

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 6-11-67 -----

JUN 16 1967

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 *G. F. Boller*

Licensed Embalmer No. *3062*

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.