

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23030

State File No. _____

FILED AUG 4 1951

3155

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</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 town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 3338</u>	
c. LENGTH OF STAY (In this place) <u>67 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3013 EAST 20TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3013 EAST 20TH STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) <u>HENRY</u> c. (Last) <u>FREYERMUTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 21 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 13 1883</u>	9. AGE (In years last birthday) <u>67 57</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 3 YEARS</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>POULTRY</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HENRY FREYERMUTH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SHROEDER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ELSIE FREYERMUTH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY <u>486-26-4289</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ELSIE FREYERMUTH</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia of Right side</u> DUE TO (c) <u>chronic Hypertension</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7 mo</u> <u>2 or 3 yrs</u> <u>334X</u>	

19a. DATE OF OPERATION <u>none</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>	

22. I hereby certify that I attended the deceased from 3/17, 1951, to 7/21, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 A.-m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.O. Pence D.O.</u>		23b. ADDRESS <u>2722 Prospect</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gualdine Palmer</u>		ADDRESS <u>1331 BRUSH CREEK</u> <u>KANSAS CITY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-24-51</u>		REGISTRAR'S SIGNATURE <u>Gualdine Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Newcomer's Sons</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

3:00 P.M.
By 3:00 P.M.

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 Basil Honey.....

Licensed Embalmer No. 4724.....

P. O. Address Cashland, 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.