

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4355

State File No.

150 FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Liberty</u>		c. CITY OR TOWN <u>Liberty</u>	
c. LENGTH OF STAY (In this place) <u>63 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>305 South Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 South Missouri</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eliza</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Fritzlen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 16, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 24, 1864</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Days <u>22</u>	11. UNDER 1 HRS. Hours <u>9</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Squires</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Handcock</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas J. Fritzlen</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 W. Fritzlen</u> ADDRESS <u>Kansas City, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secondary Bursitis</u>		
	DUE TO (c) <u>& Uremia</u>		
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 <u>181X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1951, to Feb 16, 1952, that I last saw the deceased alive on Dec, 1951, and that death occurred at 5:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Killoughly MD</u> (Degree or title)	23b. ADDRESS <u>Liberty Mo.</u>	23c. DATE SIGNED <u>2-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>FEB. 18, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Memorial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 18-1952</u>	REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Paulsen-Ocean Co.</u> ADDRESS <u>Liberty Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0241

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty Missouri

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.