No. 300
10.48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8364

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1155

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 615 E. 9th Street

3150

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): CLARENCE
c. (Last): FRITZLEN

4. DATE OF DEATH (Month) (Day) (Year): March 9 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 17, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months ~~6~~ Days ~~22~~ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andrew Fritzlen
13b. MOTHER'S MAIDEN NAME: Fannie E. Hymer
14. NAME OF HUSBAND OR WIFE: Nell Cockriel Fritzlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Fred Lee Fritzlen — ADDRESS: Liberty, 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) COR PULMONALE (ACUTE) — INTERVAL BETWEEN ONSET AND DEATH: FEW MIN.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) PULMONARY EMBOLIZATION (MASSIVE) — 2-3 DAYS
DUE TO (c) RIGHT FEMORAL PHLEBOTHROMBOSIS — 7-8 DAYS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* DUODENAL ULCER WITH OBSTRUCTION — 3-4 WEEKS

19a. DATE OF OPERATION: 2/27/52
19b. MAJOR FINDINGS OF OPERATION: DUODENAL OBSTRUCTION-CHOLECYSTITIS WITH CHOLELITHIASIS
20. AUTOPSY? YES ☒ NO ☐

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) 584X (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Pathologist, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 3/9/52, 19___, *and that death occurred at* 3:14 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. McPhee — (Degree or title): M.D.
23b. ADDRESS: Research Hosp. 2329 Holmes K.C. Mo.
23c. DATE SIGNED: 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 9-52
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Liberty, Mo.

DATE REC'D BY LOCAL REG.: 3-11-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Spence-Green Co. Liberty Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4448

P. O. Address Liberty Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.