

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35496**

FILED NOV 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **166** PRIMARY REG. DIST. NO. **5663** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>JOHNSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DUNNIBURG GROVER TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DUNNIBURG GROVER TWP</b>	
c. LENGTH OF STAY (In this place) <b>1 YEAR</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL 8 MI SOUTH EAST CONCORDIA, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 MI SOUTH EAST CONCORDIA, MO.</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL 8 MI SOUTH EAST CONCORDIA, MO.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRITZ</b>		b. (Middle) <b>FRICKE</b>	
c. (Last) <b>FRICKE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 28 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Aug 9, 1890</b>
9. AGE (In years last birthday) <b>62</b>		10. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis County, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>HENRY FRICKE</b>	
13b. MOTHER'S MAIDEN NAME <b>ANNIE LANGE</b>		14. NAME OF HUSBAND OR WIFE <b>HULDA FRICKE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>OSCAR FRICKE</b>		ADDRESS <b>SWEET SPRING, MO.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis -</b>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) <b>—</b>		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>—</b>	
19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION <b>—</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>—</b>	
22. I hereby certify that I attended the deceased from <b>9/9/39</b> , to <b>10/28/52</b> , that I last saw the deceased alive on <b>10/28/52</b> , and that death occurred at <b>10p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edmund Frick, M.D.</b>		23b. ADDRESS <b>Concordia Mo</b>	
23c. DATE SIGNED <b>10/29/52</b>		23d. DATE BURIAL, CREMATION, REMOVAL (Specify) <b>10/31/52</b>	
23e. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS CEMETERY</b>		23f. LOCATION (City, town, or county) (State) <b>EMMA MO</b>	
DATE REC'D BY LOCAL REG. <b>Oct 31-52</b>		REGISTRAR'S SIGNATURE <b>E. L. Beatty</b>	
149		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. S. James</b>	
ADDRESS <b>Concordia, Mo</b>		ADDRESS <b>Concordia, Mo</b>	

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NOV 5 - 1952  
JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.