No. 300
10.48

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39542

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stoutsville
c. LENGTH OF STAY (In this place) 5 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Stoutsville Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stoutsville
d. STREET ADDRESS (If rural, give location) Stoutsville Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Clifford
b. (Middle) Perry
c. (Last) Frederick

4. DATE OF DEATH (Month) Dec (Day) 5 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August 29th 1877

9. AGE (In years last birthday) 75 | If under 1 year: Months 3 Days 6 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Fulton County Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Frederick

13b. MOTHER'S MAIDEN NAME Phobee Garrison

14. NAME OF HUSBAND OR WIFE Rose Ellen

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. 487-30-1733

17. INFORMANT'S SIGNATURE OR NAME Rose C. Frederick ADDRESS Stoutsville 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) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 12-3-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Sclerosis — N.K.
DUE TO (c)

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 332 X

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) (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 Dec 23, 1952 *to* Dec 5, 1952, *that I last saw the deceased alive on* Dec 4, 1952 *and that death occurred at* 10:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Geo M. Kepler M.D.

23b. ADDRESS PARIS, MISSOURI

23c. DATE SIGNED DEC 8 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-7-52

24c. NAME OF CEMETERY OR CREMATORY Stoutsville Cemetery

24d. LOCATION (City, town, or county) (State) Stoutsville Missouri

DATE REC'D BY LOCAL REG. DEC 8 1952

REGISTRAR'S SIGNATURE F. A. Barnett M.D. 435-0

25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Sons ADDRESS Monroe City 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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie L. Gilroy

Licensed Embalmer No. 2014

P. O. Address Monroe City, 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.