

STANDARD CERTIFICATE OF DEATH

State File No. **9634**

FILED MAR 20 1953

REG. DIST. NO. **140**PRIMARY REG. DIST. NO. **5346**Registrar's No. **34**

1. PLACE OF DEATH

a. COUNTY **Howard**b. CITY (If outside corporate limits, write RURAL and give township) **Franklin**c. LENGTH OF STAY (In this place) **3 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.**b. COUNTY **Howard**c. CITY (If outside corporate limits, write RURAL and give township) **Franklin**d. STREET ADDRESS (If rural, give location) **0450**

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

William Elmer Frey

4. DATE OF DEATH

(Month)

(Day)

(Year)

Mar. 13 - 1953

5. SEX

male

6. COLOR OR RACE

white

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

single

8. DATE OF BIRTH

April 12 - 1866

9. AGE (In years)

86

IF UNDER 1 YEAR

Months

IF UNDER 1 HR.

Days

Hours

Min.

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

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Stark Co. Ill.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Frey

13b. MOTHER'S MAIDEN NAME

Eliya Fulk Frey

14. NAME OF HUSBAND OR WIFE

Leola Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Leola Frey

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Gastric Haemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Carcinoma of Stomach

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

151X

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)

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 **3-13, 1953** to **3-13, 1953**, that I last saw the deceased alive on **3-13, 1953**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE

No Bloom

23b. ADDRESS

Fayette Mo

23c. DATE SIGNED

3-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

Mary K. Shell

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS **H.L. Hall, New Franklin Mo.**

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

0450
1

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 W. L. Hall.....

Licensed Embalmer No. 3515.....

P. O. Address New Franklin 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.