

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10315**

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3187** MISSOURI REGISTERED DEATH NO. **10315**

6492

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cartersville</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>206 Pearl St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ED</b> b. (Middle) <b>FRIEND</b> c. (Last) <b>FRIEND</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1953</b>	
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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>February 17, 1880</b>	9. AGE (In years) (last birthday) <b>73</b>	10. MONTHS <b>0</b>	11. DAYS <b>24</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroadman Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>W. G. Friend</b>	13b. MOTHER'S MAIDEN NAME <b>Martha A. Cornelison</b>	14. NAME OF HUSBAND OR WIFE <b>Christena Friend</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-01-5411</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Milo Friend</b>	ADDRESS <b>Cartersville, Missouri</b>
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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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Onset 24 hrs.</b> DUE TO (c) <b>Chronic Nephritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5928</b>	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 **3-2**, 19**53**, to **3-11**, 19**53**, that I last saw the deceased alive on **3-11**, 19**53**, and that death occurred at **1 AM m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. W. Forbes</i>	(Degree or title) <b>W. W. Forbes, D.O.</b>	23b. ADDRESS <b>106 So. Main St. Webb City, Mo.</b>	23c. DATE SIGNED <b>3-11-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-13-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-13-53</b>	REGISTRAR'S SIGNATURE <i>Ms. Madeline Switzer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b>	ADDRESS <b>Webb City, Missouri</b>
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RECEIVED 3-17-53  
Jasper County Health Office

County File Number 53/3/237  
Date Filed 3-17-53

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 Richard Roy Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.