

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12933

State File No. \_\_\_\_\_

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		c. LENGTH OF STAY (In this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 Mulberry St</u>				d. STREET ADDRESS (If rural, give location) <u>109 Mulberry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zola</u> b. (Middle) <u>Mac</u> c. (Last) <u>Frieben</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>May 8, 1907</u>		9. AGE (In years last birthday) <u>45</u>	10 UNDER 1 YEAR <u>10</u> Months <u>4</u> Days	11 UNDER 1 Mth. <u>0</u> Weeks <u>0</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sewing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Frieben</u>		13b. MOTHER'S MAIDEN NAME <u>Lora Jane Haggard</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sam Frieben</u> ADDRESS <u>Sweet Springs Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary thrombosis embolism -</u> ANTECEDENT CAUSES <u>Influenza + Pneumonia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - <u>Rheumatoid arthritis - some 20 yrs</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>10 days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>481X</u>				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Feb 1950</u> to <u>12 Mar 1953</u> , that I last saw the deceased alive on <u>12 Mar 1953</u> , and that death occurred at <u>3 1/2 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>13 Mar 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MARCH 15 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3/14/53</u>		REGISTRAR'S SIGNATURE <u>Dalley Andrew Edgar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Moseley</u> ADDRESS <u>Sweet Springs, Mo</u>			

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

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**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 Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address Sweet Springs 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.