

X No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17848

State File No.

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5530 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Benton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mound City Mo.</u>	
c. LENGTH OF STAY (If this place) <u>1 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>Mound City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi. N. of Mound City</u>			

3. NAME OF DECEASED (Type or Print) <u>Bettye</u>	a. (First)	b. (Middle) <u>Illene</u>	c. (Last) <u>Fries</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1941</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>	11. BIRTHPLACE (State or foreign country) <u>Skidmore, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert Fries</u>	13b. MOTHER'S MAIDEN NAME <u>Nell Prater</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albert Fries, Mound City, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BROKEN NECK & BLEED ON HEAD.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>044</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E8134 29</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1 mi. N. Mound City</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mound City, Mo. Holt.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5. 22. 53 11:45 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Riding a Bicycle, ran in front of car.</u>
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22. I hereby certify that I attended the deceased from Mo., 19 , to , 19 , that I last saw the deceased alive on Mo., 19 , and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. H. Colburn</u>	23b. ADDRESS <u>3 Crown Hill Ct. Mound City, Mo.</u>	23c. DATE SIGNED <u>5-22-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/25/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/22/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	469	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Mound City, Mo.</u>
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(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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James H Crawford

Licensed Embalmer No. *4796*

P. O. Address *Mound 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.