

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20649

State File No. ....

FILED JUN 18 1953

BIRTH NO. ....

REG. DIST. NO. 16

PRIMARY REG. DIST. NO. 4030

Registrar's No. 11

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barton</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Golden City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Golden City</b>  |  |
| c. LENGTH OF STAY (In this place) <b>50 yrs.</b>                                    |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  |

|  |                               |   |   |   |   |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>HENRY</b> c. (Last) <b>FRIEZE</b>                   |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1953</b> |   |   |
| 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>June 16, 1876</b>                     | 9. AGE (In years last birthday) <b>86</b>                     | IF UNDER 1 YEAR Months <b>11</b> Days <b>22</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-Mail Carrier (Retired)</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     |   | 11. BIRTHPLACE (State or foreign country) <b>Polk Co. Mo.</b> |   |
|  |                               |   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                    |   |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <b>John Frieze</b>                                       |  | 13b. MOTHER'S MAIDEN NAME <b>Rebecca Jarnigan</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Mary Jane Frieze</b>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>---</b>                |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude B. Price, Golden City, Mo.</b> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left ventricular failure</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <b>Auricular fibrillation</b>  |  | <b>2 weeks</b>                                 |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | DUE TO (c) <b>Coronary fibrosis</b>   |  | <b>Summary</b>                                 |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 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) <b>4201</b>                      |  |
| 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 May 18, 1953, to June 8, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <b>Raymond A. Carlson M.D.</b>       |  | 23b. ADDRESS <b>Golden City, Mo.</b>                          |  | 23c. DATE SIGNED <b>6-8-53</b>                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>               |  | 24b. DATE <b>6/10/53</b>                                      |  | 24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Golden City, Mo.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Phillips Funeral Home</b> |  | 25. ADDRESS <b>Golden City, Mo.</b>                         |  |
| DATE REC'D BY LOCAL REG. <b>June 8, 1953</b>                          |  | REGISTRAR'S SIGNATURE <b>Harold H. Pugh</b>                   |  |   |  |

(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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. *3278*

P. O. Address *Golden City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.