

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28053

4174

FILED SEP 11 1953

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY NORTH</u>		c. CITY OR TOWN <u>KANSAS CITY, NORTH</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>506 324 N. BALTIMORE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>324 N. BALTIMORE</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ERVIN</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Fredrick</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 7, 1913</u>	
9. AGE (In years last birthday) <u>36</u>		10. MONTHS <u>40</u> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder DARBY SHIP YARDS</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Young County TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>W. E. Fredrick</u>		13b. MOTHER'S MAIDEN NAME <u>ETTIE M Halder</u>	
13c. NAME OF HUSBAND OR WIFE <u>LEATHA Fredrick</u>		14. NAME OF HUSBAND OR WIFE	
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>432-01-3248</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Fredrick</u>		17. ADDRESS <u>324 N. BALTIMORE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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>802X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>Aug 1, 1953</u> to <u>Aug 23, 1953</u> , that I last saw the deceased alive on <u>Aug 23, 1953</u> and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Melvin Langhus</u>		23b. ADDRESS <u>1000 N. W. 10th St. MO</u>	
23c. DATE SIGNED <u>Aug 24, 1953</u>		23d. (Degree or title) <u>MD</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/25/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-25-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER</u>		ADDRESS <u>3043 N.K.C. MO.</u>	

(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.....
Signature of Student Embalmer

Signed *John H. Hill*.....

Licensed Embalmer No. *4586*

P. O. Address *N.C. 161 7A*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.