No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28434

BIRTH NO. FILED AUG 26 1953 REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glasgow
c. LENGTH OF STAY (In this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glasgow 0450
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) CARRIE b. (Middle) KETTLER c. (Last) FRIEMONTH

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 9, 1870

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and State or Foreign Country): Near Washington Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Kettler

13b. MOTHER'S MAIDEN NAME: Mary Timpe

14. NAME OF HUSBAND OR WIFE: Louis Friemonth (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: C.W. Friemonth Glasgow Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thyrotoxicosis — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4222

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* November, 1952, *to* 8-2, 1953, *that I last saw the deceased alive on* 8-3, 1953, *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William C. Allen M.D.

23b. ADDRESS: Glasgow, Mo.

23c. DATE SIGNED: 8-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 10 1953

24c. NAME OF CEMETERY OR CREMATORY: Washington

24d. LOCATION (City, town, or county) (State): Glasgow Mo

DATE REC'D BY LOCAL REG.: 8-10-1953

REGISTRAR'S SIGNATURE: Walker Audsley

FUNERAL DIRECTOR'S SIGNATURE: Audsley-Friemonth

ADDRESS: Glasgow Mo

(Licensed Embalmer's Statement on Reverse Side)

1955

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 J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow Me

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.