

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38504

State File No. ....

FILED DEC 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 22

02200

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jerico spq. Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jerico spq. Mo</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUSSEL-</u> b. (Middle) <u>E.-</u> c. (Last) <u>FREIDINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-1953</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-20-1888</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>2</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>William Freidinger</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Van Danner</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Freidinger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Freidinger, Jerico spq. Mo</u>	ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Attack</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. W. Luzzum, Coroner</u>	(Degree or title)	23b. ADDRESS <u>El Dorado Springs Mo.</u>	23c. DATE SIGNED <u>11-27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brush Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>3 7/8 N. W. Jerico spq. Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-1-53</u>	REGISTRAR'S SIGNATURE <u>Norma Zimmerman</u>	477-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Long</u>	ADDRESS <u>Jerico spq. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1958  
DEC 8 1958

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 *John P. Long*

Licensed Embalmer No. 3714

P. O. Address Levin Ave. Ind

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.