

FILED MAR 15 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4037**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **252**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | d. STREET ADDRESS (If rural, give location) 1706 North 3rd Street | |

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|---|-------------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | |
| a. (First) Ronald | b. (Middle) Ray | c. (Last) Fridell | (Month) Feb. | (Day) 27 (Year) 1954 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Nov. 19, 1948 | 9. AGE (In years last birthday) 5 |
| 10a. USUAL OCCUPATION (Or kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 13a. FATHER'S NAME Dale E. Fridell | | | 12. CITIZEN OF WHAT COUNTRY? U S A | |

| | | | |
|--|--|---|--|
| 13b. MOTHER'S MAIDEN NAME Elsie Mae Euler | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Dale E. Fridell | | ADDRESS St. Joseph, Mo. | |

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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory & Cardiac failure | | INTERVAL BETWEEN ONSET AND DEATH 22 hrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) probably due to over dosage of antihistamines (child got into medicine) | | |
| | DUE TO (c) heart | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8780 14 | | | |

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|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 26 54 7:15^{PM} | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? child got into medicine cabinet |

22. I hereby certify that I attended the deceased from **2-27, 1954**, to **2-27, 1954**, that I last saw the deceased alive on **2-27, 1954**, and that death occurred at **5:20P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Clemens P. [Signature] | 23b. ADDRESS St Joseph Mo | 23c. DATE SIGNED 3-2-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 1, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery |
| 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri | | |

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|--|--|-----|---|-----------------------------|
| DATE REC'D BY LOCAL REG. Mar 11, 1954 | REGISTRAR'S SIGNATURE Walter M. Allison | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home | ADDRESS St Joseph Mo |
|--|--|-----|---|-----------------------------|

(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 *Charles E. Bennett*

Licensed Embalmer No. *14677*

P. O. Address *St. Joseph 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.