

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

5169

State File No. ....

FILED MAR 15 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5370 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Jackson (Rural Ft. Osage)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South of Levasy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Levasy (# Mi. South) (Ft Osage)	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) Ed Stoenner Farm home. Rural 7000	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The ED Stoenner Farm			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Fritzemier c. (Last) Fritzemier			4. DATE OF DEATH (Month) (Day) (Year) March 4 1954.		
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH Apr. 10. 1878		9. AGE (In years last birthday) 75		10. MONTHS 11	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. DAYS 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm hand			10b. KIND OF BUSINESS OR INDUSTRY Farm work		

13a. FATHER'S NAME Fred Fritzemier		13b. MOTHER'S MAIDEN NAME Fredricka Brinkman		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Freda Jungblut.. Napoleon Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Infant	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUPLICATE			
* This does not mean the mode of dying, such as heart failure, asthma, 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) none DUE TO (c) none			
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 none		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 April 4, 1954, to Mar. 4, 1954, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 4-12 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) [Signature]		23b. ADDRESS Napoleon, Missouri		23c. DATE SIGNED Mar. 4 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	
24d. LOCATION (City, town, or county) Napoleon, Missouri		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Buckner, Mo.	
DATE REC'D BY LOCAL REG. Mar. 5, 1954		REGISTRAR'S SIGNATURE [Signature]		35	

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, of the

Student Embalmer Co.

working under my personal supervision.

Student Student Embalmer

Signed

Ralph C Jones

Licensed Embalmer No. 4604

P. O. Address Buckner, 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.