

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9528**  
Registrar's No. **85**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4372**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>NODDWAY</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>NODDWAY</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>BURNINGTON JCT</b> | c. LENGTH OF STAY (In this place)<br><b>70 yr</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>BURNINGTON JCT 0740</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>HOME</b>  |   | d. STREET ADDRESS<br>(If rural, give location)  |  |

|   |                           |  |  |  |  |
|---|---------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ANICE</b> b. (Middle) <b>MAY</b> c. (Last) <b>FRIEND</b>   |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MCH 2 1954</b>           |  |  |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED 2</b> | 8. DATE OF BIRTH<br><b>OCT. 14 1878</b>                              |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.<br><b>75 4 17</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b> |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>hom</b>                            | 11. BIRTHPLACE (State or foreign country)<br><b>WANDANA ILLINOIS</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>US</b>  |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| 13a. FATHER'S NAME<br><b>J. H. BROWNING</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>MARY ANN WEIDNER</b> |   | 14. NAME OF HUSBAND OR WIFE<br><b>JACK FRIEND</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.                              | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>PAUL R GARNER BURN. JCT. MO</b> |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Acute Gallbladder</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs.</b><br><br><b>36 hrs.</b> |
|--|--|--|--|--|--|

|  |  |   |  |  |
|--|--|---|--|--|
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION<br><b>586x</b>  |   | 20. AUTOPSY?<br>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 **2-28**, 1954, to **3-2**, 1954, that I last saw the deceased alive on **3-2**, 1954, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

|  |   |   |   |                                   |  |
|--|---|---|---|-----------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><b>L. E. Waller D.D. 2</b> |   | 23b. ADDRESS<br><b>Burnington Jct. Mo.</b>        |   | 23c. DATE SIGNED<br><b>3-6-54</b> |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>     | 24b. DATE<br><b>3-5-54</b>                | 24c. NAME OF CEMETERY OR CREMATORY<br><b>OHIO</b> | 24d. LOCATION (City, town, or county) (State)<br><b>BURNINGTON JCT MO</b> |                                   |  |
| DATE REC'D BY LOCAL REG.<br><b>3-20-54</b>                     | REGISTRAR'S SIGNATURE<br><b>Bess Bolt</b> |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Johna Buel Jct Mo</b>      |                                   |  |

(Licensed Embalmer's Statement on Reverse Side)

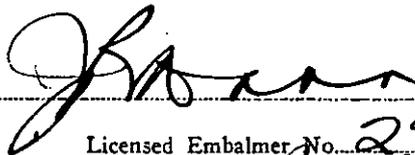
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

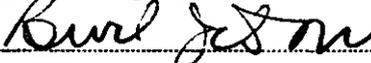
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 2968

P. O. Address 

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.