

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34467

State File No.

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4274 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AMMERSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AMMERSVILLE</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>LOCUST ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LOCUST ST.</u>		0540	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>FREDERICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 20 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 12, 1889</u>		9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAFAYETTE County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GUSTAVE A FREDERICK</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE NIERMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS EDNA FREDERICK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EDNA FREDERICK</u>		ADDRESS <u>AMMERSVILLE, MO</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, metastatic to Brain.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous, generalized</u>		<u>2 months</u>	
		DUE TO (c) <u>Renal Carcinoma.</u>		<u>3 months</u>	
		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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>180X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 7-27, 1954, to 10-20, 1954, that I last saw the deceased alive on 10-20, 1954, and that death occurred at 9 25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David K. Holmes M.D.</u>		23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>10-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>JOHNSON COUNTY MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia, Mo</u>	
DATE REC'D. BY LOCAL REG. <u>Oct. 29, 1954</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		154-0	

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300

10-48

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 M.E.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed/Embalmer No. 20178

P. O. Address Concordia, 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.