

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37369

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5046

1. PLACE OF DEATH  
a. COUNTY Jackson  
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 Kansas City  
c. LENGTH OF STAY (in this place) 5 1/2 yrs.  
c. CITY OR TOWN Kansas City  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1  
STREET ADDRESS (If rural, give location) 717 N. Prospect 2048

3. NAME OF DECEASED  
a. (First) Evelyn b. (Middle) N. c. (Last) Fridel  
4. DATE OF DEATH (Month) (Day) (Year) 10 28 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Dec-3-1887 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months - IF UNDER 24 HRS. Days - Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home  
11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Green 13b. MOTHER'S MAIDEN NAME Thompson 14. NAME OF HUSBAND OR WIFE Phillip Fridel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phillip Fridel 717 N. Prospect

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bilateral pyelonephritis  
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.  
INTERVAL BETWEEN ONSET AND DEATH 6000

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1954, to Oct. 28, 1954, that I last saw the deceased alive on Oct. 28, 1954, and that death occurred at 11:10A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns, M.D. (Degree or title) 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 10-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 1-1954 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 11-1-54 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc.

K.E. Mo.

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

*W.C. Rinne*

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.....  
Signature of Student Embalmer

Signed *W.C. Rinne*.....

Licensed Embalmer No. *487*.....

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.