

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4788

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 536

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Wisconsin b. COUNTY Juneau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY OR TOWN Elroy, Wis.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 Months		STREET ADDRESS (If rural, give location) 8480 1000 Pennsylvania Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roanoke Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) KAREN c. (Last) FRESLEY		4. DATE OF DEATH (Month) (Day) (Year) February 6, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 7th, 1868
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 24 HRS. Hours 2 Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Kaute Dahle	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ole Fresley
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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 Mrs. Alvina M. Sherman ADDRESS 3649 Penn. K.C. 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) MEDICAL CERTIFICATION Tumor in Abdomen - Character undetermined		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (X-ray studies could not establish exact diagnosis)		
	DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterial hypertension arterial thrombosis - partial ligation arterial obstruction with early gangrene		3. 1991 3 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	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)

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?
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22. I hereby certify that I attended the deceased from 1948, to 2-6, 1955, that I last saw the deceased alive on 2-4, 1955, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Card R. Ferris (Degree or title) MD	23b. ADDRESS 535 Apple Blwy Kansas City Mo	23c. DATE SIGNED 2-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-6-1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Elroy, Wisconsin
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DATE REC'D BY LOCAL REG. 2-6-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary ADDRESS Kansas City, Mo.
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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.....
Signature of Student Embalmer

Signed *Walter H. Erwin*.....

Licensed Embalmer No. *435*.....

P. O. Address *Kansas*.....
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.