

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18180

BIRTH NO. REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 2291 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty-Rural</u>	c. LENGTH OF STAY (in this place) <u>5 weeks</u>	c. CITY OR TOWN <u>Kearney</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay Co Home</u>		e. STREET ADDRESS (If rural, give location) <u>600 1/2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Hellie b. (Middle) May c. (Last) Frick 4. DATE OF DEATH (Month) (Day) (Year) June 24 19555. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Oct-27-1883 9. AGE (In years) (last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. 7110a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper 10b. KIND OF BUSINESS OR INDUSTRY Agri. Housework 11. BIRTHPLACE (City and State or Foreign Country) Clinton Co. Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.13a. FATHER'S NAME D. K. Pierson 13b. MOTHER'S MAIDEN NAME Rebekah Razy 14. NAME OF HUSBAND OR WIFE Luke15. 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 Ken Connor ADDRESS Princeton, Ill

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Ps Stomach & Liver.</u>	DUPLICATE		
ANTECEDENT CAUSES	DUE TO (b) <u>(Only positive finding was as above.)</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>was as above.</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 158X 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) 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 June 17, 1955, to June 24, 1955, that I last saw the deceased alive on June 20, 1955, and that death occurred at 1120 E. M., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) Leonard Frick M.D. 23b. ADDRESS Liberty Mo 23c. DATE SIGNED 6/25/5524a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June-25-1955 24c. NAME OF CEMETERY OR CREMATORY Osley Cem 24d. LOCATION (City, town, or county) (State) 6 mi north west Kearney MoDATE REC'D BY LOCAL REG June 29, 1955 REGISTRAR'S SIGNATURE Nabel Strahan 25. FUNERAL DIRECTOR'S SIGNATURE Leonard Frick ADDRESS Kearney Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 22 1958

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 *Leonard Fry*

Licensed Embalmer No. *162*

P. O. Address *Kearny*

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.