

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29722

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3877

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa, Pottawattamie</u> b. COUNTY <u>Pottawattamie</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY OR TOWN <u>Council Bluffs</u> | |
| c. LENGTH OF STAY (in this place) <u>2 DAYS</u> | | 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>St. Lukes Hospital</u> | | STREET ADDRESS (If rural, give location) <u>35 Locust Lodge - 8148</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) <u>B.</u> c. (Last) <u>Freyder</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>5</u> <u>55</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OF RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>96</u> <u>10-1-97</u> | 9. AGE (in years last birthday) <u>57</u> <u>58</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|--|--|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRIC FIXTURE SUPPLY</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa city Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Frank FREYDER</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Becker</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS. HELEN FREYDER</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HELEN FREYDER</u> ADDRESS <u>35 LOCUST LODGE COUNCIL BLUFFS IOWA</u> |
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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) <u>Myocardial infarction, recent</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>4200</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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 Sept. 4, 1955, to Sept. 5, 1955, that I last saw the deceased alive on Sept. 5, 1955, and that death occurred at 2 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John B. Justus M.D.</u> (Degree or title) | 23b. ADDRESS <u>315 Nichols Rd. R. 2, Mo.</u> | 23c. DATE SIGNED <u>Sept 5, '55</u> |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>SEPT. 6, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | 24d. LOCATION (City, town, or county) (State) <u>COUNCIL BLUFFS IOWA</u> |
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| DATE REC'D BY LOCAL REG. <u>9-5-55</u> | REGISTRAR'S SIGNATURE <u>neva minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newnam</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John B. Justus

SEP 28 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 *Chester K. Brown*

Licensed Embalmer No. 492

P. O. Address *Le M*

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.