

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36841

4827

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

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 OR TOWN Kansas City c. LENGTH OF STAY (in this place) 20 years
c. CITY OR TOWN Kansas City d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3722 Beacon
e. STREET ADDRESS (If rural, give location) 3722 Beacon 359⁵⁰

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret b. (Middle) Ann c. (Last) Frechin 4. DATE OF DEATH (Month) (Day) (Year) 11-8-55

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, 1. WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept. 7, 1869 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Gust 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Edward Frechin

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 ADDRESS Mrs. Loretta Hutchison, 3722 Beacon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Fibrillation - auricular INTERVAL BETWEEN ONSET AND DEATH Unknown
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Arterio-sclerotic degeneration heart disease 8-10 yrs.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200

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) 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 _____, 1948, to 11/8/55, 1955, that I last saw the deceased alive on 11/2/55, 1955, and that death occurred at 7:02 m., from the causes and on the date stated above.

23a. SIGNATURE Edson C. Carrier, M.D. (Degree or title) 23b. ADDRESS 242 Plaza Med Bldg 23c. DATE SIGNED 11/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-10-55 24c. NAME OF CEMETERY OR CREMATORY Greenbush Cemetery 24d. LOCATION (City, town, or county) (State) Greenbush, Kansas

DATE REC'D BY LOCAL REG. 11-9-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Evlar, 1800 Linwood Blvd.

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

Dr. Carrier
Plaza Medical
UA 3454

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.....

Licensed Embalmer No.

P. O. Address.....

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.