

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41194

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 1782 PRIMARY REG. DIST. NO. 3034 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Higginsville		c. LENGTH OF STAY (In this place) 6 weeks	c. CITY OR TOWN Higginsville
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Chapman c. (Last) Frey		4. DATE OF DEATH (Month) (Day) (Year) 12 20 55	

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-19-1902	9. AGE (In years last birthday) 53 F UNDER 1 YEAR Months 5 YEAR Days 1 F UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Rail road	11. BIRTHPLACE (City and State or Foreign Country) Higginsville	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gustav H. Frey	13b. MOTHER'S MAIDEN NAME Almira Chapman	14. NAME OF HUSBAND OR WIFE Helen Frey Higginsvil
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. 702-16-0452	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Frey Higginsville, Mo.

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) Adenomatous of the palate		INTERVAL BETWEEN ONSET AND DEATH 4 yrs -
	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. 225X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1955 to Dec 20, 1955 that I last saw the deceased alive on Dec 20, 1955 and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Koppens, M.D.	23b. ADDRESS Higginsville Mo	23c. DATE SIGNED 12-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-55	24c. NAME OF CEMETERY OR CREMATORY Evangelical
24d. LOCATION (City, town, or county) (State) Higginsville, Mo.		

DATE REC'D BY LOCAL REG. 1-9-56	REGISTRAR'S SIGNATURE W. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Forrest Hoyle Higginsville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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05410

JAN 10 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 *Forrest A. Hooper*.....

Licensed Embalmer No. 4358.....

P. O. Address Higginsville.....

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.