

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1956

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 5071 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural- Nashville Twsp.</u>		c. CITY <u>Rural- Nashville Twsp.</u> OR TOWN <u>Rural- Nashville Twsp.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lamar R#1</u>		Length of stay in lb <u>52 yrs</u>	
d. STREET ADDRESS <u>Lamar, R#1</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>LESLIE FRIEDEN</u>			4. DATE OF DEATH <u>June 23 1956</u>
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>1903 June 24 1908</u>
9. AGE (In years last birthday) <u>52</u>			IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>
11. BIRTHPLACE (City and state or country) <u>Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13. FATHER'S NAME <u>George Frieden</u>		14. MOTHER'S MAIDEN NAME <u>Minnie Marti</u>	
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>XXXXX 486-42-2564</u>	
17. INFORMANT <u>Mrs. Edna Frieden, Lamar, Mo. R#1</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull, broken neck; fractured jaw.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Car wreck</u>	
20c. TIME OF INJURY <u>1:45 p. m.</u> Hour Month, Day, Year <u>6-23-56</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural gravel road</u>	
20f. CITY, TOWN, OR LOCATION <u>Nashville Twsp,</u>		COUNTY <u>Barton,</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>1:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marie Konantz</u> (Degree or title) <u>Local Registrar,</u>		22b. ADDRESS <u>Lamar, Missouri</u>	
22c. DATE SIGNED <u>6-25-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Jun 26 1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Apostolic</u>		23d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Konantz Funeral Home, Lamar, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>June 25 1956</u>	
		26. REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 3 1967

STATEMENT, BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Carl F. Konantz*

Licensed Embalmer No. 77

P. O. Address *Lamar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.