

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8992

STATE FILE NUMBER

FILED MAR 27 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 125

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp.		Length of stay in lb 2 wks.	d. STREET ADDRESS 10830 Scarritt (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADAM Middle ---- Last FRIES			4. DATE OF DEATH Month Mar. Day 21, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 70 Days 70 Hours 70 Min. 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Std. Oil Company		11. BIRTHPLACE (City and state or country) H. Vareslod, Hungary	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Fries			14. MOTHER'S MAIDEN NAME Mary Muller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-03-0791		17. INFORMANT Address Mrs. Susanna Fries, Kansas City, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic nephritis & anemia DUE TO (b) chronic myocardial hypertrophy DUE TO (c) arterial hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 years
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year					
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/17/57 to 3/20/57 and last saw her alive on 3-20-57 Death occurred at 1:55 A. 3/17/57 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Fred W. Hunt M.D. (Degree or title)			22b. ADDRESS Kansas City, Mo.		22c. DATE SIGNED 3/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) - (State) Independence, Missouri
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.			25. DATE RECD. BY LOCAL REG. 3-23-57		26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

lish, wife, public service
000-56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use any standard nomenclature in item 18. The symptoms which led to natural causes, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 C. Ray Louderback, Student Embalmer No. 5 working under my personal supervision..

Student C. Ray Louderback Signed Harold E. Hooper
Signature of Student Embalmer

Licensed Embalmer No. 46

P. O. Address July 7

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.