

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 017990
 State File No.

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 221

2690

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (division). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JEFFERSON TWP.</u>		c. LENGTH OF STAY (in this place) <u>50 YRS</u>	c. CITY OR TOWN <u>JEFFERSON TWP.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W.M.S. OF STOUTSVILLE</u>		e. STREET ADDRESS (If rural, give location) <u>W.M.S. OF STOUTSVILLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALLACE</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>FREDRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19, 1957</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 30, 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, and if retired) <u>REAL ESTATE BROKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.E. INSURANCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ELLISVILLE ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>GEO. H. FREDRICK</u>		13b. MOTHER'S MAIDEN NAME <u>PHOEBE GARRISON</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HELEN SINE, PARIS, MO</u>				ADDRESS <u>PARIS, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>						INTERVAL BETWEEN ONSET AND DEATH <u>N.K.</u>	
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-19-1957, to 5-19-1957, that I last saw the deceased alive on 5-16-1957, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Barnett M.D.</u>		(Degree or title)		23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>5-25-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 23, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STOUTSVILLE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>STOUTSVILLE MO.</u>	
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DATE REC'D BY LOCAL REG. <u>5-25-57</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakely</u>		ADDRESS <u>PARIS, MISSOURI</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Not Embalmed
Licensed Embalmer No.....

P. O. Address.....
PARIS, MISSOURI

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.