Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4209
STATE FILE NUMBER

FILED JAN 28 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 723 N. Main — Length of stay in 1b: 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Linn
c. CITY OR TOWN: Pleasanton 815 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mae Middle: Last: Frederick

4. DATE OF DEATH Month Day Year: January 17, 1958

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐** **8. DATE OF BIRTH:** July 16, 1873 **9. AGE** (In years last birthday): 84 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Peoria Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Keel
14. MOTHER'S MAIDEN NAME: Otilia Monniger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Mrs. Harold Walker - Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: about 20 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (Probable malignancy) — Don't Know.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Advanced age 1539
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — None
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. p.m. Month, Day, Year — None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Nevada - Vernon - Mo

21. I attended the deceased from Dec 10/57, to Jan 17/58, and last saw her alive on Jan 16-58.
Death occurred at 4:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. D. Love M.D.
22b. ADDRESS: Nevada, Mo.
22c. DATE SIGNED: 1/17/58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-19-58
23c. NAME OF CEMETERY OR CREMATORY: Pleasanton
23d. LOCATION (City, town, or county) (State): Pleasanton, Kansas

24. FUNERAL DIRECTOR ADDRESS: Forneden Funeral Home - Pleasanton Kansas
25. DATE RECD. BY LOCAL REG.: 1-22-1958
26. REGISTRAR'S SIGNATURE: Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, xxxx ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl V Forneden

Licensed Embalmer No. 3587

P. O. Address Pleasanton

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.