

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005511

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 445

STATE FILE NUMBER

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 Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City, Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Northeast Osteopathic Hospital		Length of stay in lb 6 days	
3. NAME OF DECEASED (Type or print) First Lee Middle --- Last Freed		4. DATE OF DEATH Month January Day 26 Year 1958	
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 August 21 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Eagles Lodge #385	
13. FATHER'S NAME George Freed		14. MOTHER'S MAIDEN NAME Nannie Frisby	
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. 490-09-0388	
17. INFORMANT Mrs. Zula Freed		Address 565 So. Glenwood K.C. 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) Acute Cardiac De-compensation DUE TO (b) Cor Pulmonale DUE TO (c) Tertiary Dues 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 5 days 2 yrs 20 yrs			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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, Day, Year p. m.		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 1-20-58 to 1-26-58 and last saw her alive on 1-25-58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Fred J. Zammar (Degree or title)		22b. ADDRESS 300 So. Liberty - Indy Mo	
22c. DATE SIGNED 1-27-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1-29-58		23c. NAME OF CEMETERY OR CREMATORY Floral Hills Mem. Gardens	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Floral Hills Mem. Chapels K.C. Mo.		25. DATE RECD. BY LOCAL REG. 1-28-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Fred J. Zammar

MS DEC 15 1930

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 *W. J. Nozinger*

Licensed Embalmer No. 5

P. O. Address *Y.C.*

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.