

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021885

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2768

300

-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
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 8150 S		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in 1b 467 days	d. STREET ADDRESS (If outside, give location) 1723 Walker		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BEN Middle WADE Last FRIEDEL			4. DATE OF DEATH May 31, 1958 Month Day Year		
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 6-28-00	9. AGE (In years last birthday) 57 yrs F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Owensboro, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William C. Friedel		13b. MOTHER'S MAIDEN NAME Cora Mabel Wade		14. NAME OF HUSBAND OR WIFE Fleeta D. Friedel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 515 01 2796	17. INFORMANT Address VA Hospital Official Records		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypernephroma, right kidney					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					1804
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"/> 2
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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	
VA					
21. Attended the deceased from Feb. 18, 1957 to May 31, 1958 Death occurred at 6:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James E. Schultz (Degree or title) James E. Schultz M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 5-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-31-58	23c. NAME OF CEMETERY OR CREMATORY CHAPEL HILL		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEUKOMER'S SONS K.C.K.		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-1-58	26. REGISTRAR'S SIGNATURE neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Jess T. Devier*

Licensed Embalmer No. *445-3*

P. O. Address *Harrison Co*

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.