

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001291

STATE FILE NUMBER

335

FILED FEB 5 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Lafayette				
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 Concordia 540		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Troost Ave. N.H.		Length of stay in lb 2 mo.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EDWARD Middle J. Last FRERKING				4. DATE OF DEATH Month 1 Day 19 Year 59				
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 1, 1874		9. AGE (In years at last birthday) 84	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Concordia, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Frerking			13b. MOTHER'S MAIDEN NAME Elisa Kammeyer			14. NAME OF HUSBAND OR WIFE Mrs. Clara Frerking		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xx			16. SOCIAL SECURITY NO. None		17. INFORMANT Lambert Frerking, 1504 E. 49th Terr.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion in</u> <u>Diabetes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>no</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>no</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>5 yrs</u> <u>10 yrs</u>	
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.) <u>no</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>no</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>no</u>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		20f. CITY, TOWN, OR LOCATION Concordia		COUNTY Mo		STATE		
21. I attended the deceased from <u>June - 1958</u> to <u>1-19-59</u> and last saw her/him alive on <u>1-19-59</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name or title) <u>M. B. Casebolt</u>				22b. ADDRESS <u>4000 Baltimore</u>		22c. DATE SIGNED <u>1-19-59</u>		
23a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		23b. DATE <u>1-19-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran</u>		23d. LOCATION (City, town, or county) <u>Concordia</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Wagner Funeral Home, K 6 Mo</u>			25. DATE RECD. BY LOCAL REG. <u>1-19-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

M. B. Casebolt

VA 1-5115

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 *Thomas A. Kuebler* .....

Licensed Embalmer No. *4993* .....

P. O. Address *N.C., 7m* .....

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.