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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012087
STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 360 Primary Registration District No. 6216 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Walker TWP. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R#2 Length of stay in 1b: 30 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Walker Twp. 1080 Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R#2 Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Wilhelmina Middle: Last: Friesen

4. DATE OF DEATH: Month: March Day: 16 Year: 1959

5. SEX: Fm **6. COLOR OR RACE**: Wh **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: April 6, 1870

9. AGE (In years last birthday): 88 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: Own home
11. BIRTHPLACE (City and state or country): Keus, Germany 4
12. CITIZEN OF WHAT COUNTRY?: Germany

13a. FATHER'S NAME: Christian Ehlers
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John Friesen,

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: John Friesen Address: Walker, Missouri R#2

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) coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) old age
DUE TO (c) No previous medical attention, due to religious belief.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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
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

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at R#2 Walker, Mo m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Osma J. Ferry - Local Register
22b. ADDRESS: Nevada, Missouri
22c. DATE SIGNED: 3-17-1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 18, 1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Vernon Cemetery
23d. LOCATION (City, town, or county) (State): Vernon County Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home **ADDRESS**: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 3-23-1959
26. REGISTRAR'S SIGNATURE: Osma J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 4822

P. O. Address .....

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.