

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020849  
STATE FILE NUMBER

FILED JUN 16 1959 Registration District No. 101 Primary Registration District No. Registrar's No. 38

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Douglas</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>   </u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Benton</u>      |  | c. CITY OR TOWN <u>KANSAS CITY</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> |  | d. STREET ADDRESS (If outside, give location) <u>UNKNOWN</u>   |  |
| Length of stay in 1b <u>3 weeks</u>   |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

|   |                           |  |  |   |  |  |
|---|---------------------------|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Elijah</u> Middle <u>FRANKLIN</u> Last <u>Friend</u>                |                           |  | 4. DATE OF DEATH<br>Month <u>5</u> Day <u>24</u> Year <u>59</u>  |   |  |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-16-1890</u>                               | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>          |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>                           | 11. BIRTHPLACE (City and state or country) <u>Theodosia, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                 |  |
| 13. FATHER'S NAME <u>Jesse James Friend</u>   |                           |  | 14. MOTHER'S MAIDEN NAME <u>Margaret Ledbetter</u>               |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |                           | 16. SOCIAL SECURITY NO. <u>493-144972</u>                                  | 17. INFORMANT <u>Eva Osborn, Kansas City, Mo.</u><br>Address     |   |  |  |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                               |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>                    |  | 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<br>Hour _____ a. m. _____ 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 <u>5-24-59</u> to <u>5-24-59</u> and last saw her alive on <u>5-24-59</u><br>Death occurred at <u>8 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                     |                                 |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u>   | 22b. ADDRESS <u>Box 415 Ave. 20</u> | 22c. DATE SIGNED <u>5/24/59</u> |

|  |                          |  |  |
|--|--------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>              | 23b. DATE <u>5-28-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Friend</u> | 23d. LOCATION (City, town, or county) (State) <u>Osank Co. Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Clinkingbeard - Gainesville, Mo.</u> |                          | 25. DATE RECD. BY LOCAL REG. <u>June 12-59</u>   | 26. REGISTRAR'S SIGNATURE <u>Uestel Bushman</u>                    |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service, 100-56, All diseases in Part I must be casually related. Registrar cannot certify to a death due to natural causes.

NOV 1 9 1981

**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 *John R. Carey*.....

Licensed Embalmer No. *48*.....

P. O. Address *San Francisco*.....

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.

*San Francisco*