

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-025121**

**FILED VS AUG 1 0 1959**

Primary Registration District No. 1002 Registrar's No. 3569

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>---</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>D Kansas City</b>	Length of stay in 1b <b>1 DAY</b>	c. CITY OR TOWN <b>Harrisonville</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		d. STREET ADDRESS <b>Route 1</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Andrew</b> Middle <b>Johnson</b> Last <b>Fredrickson</b>			4. DATE OF DEATH Month <b>7th</b> Day <b>22nd</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-4-93</b>	9. AGE (last birthday) <b>66 yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Harrisonville, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Andrew J. Fredrickson</b>		13b. MOTHER'S MAIDEN NAME <b>Aberdina Kettysvitz</b>	14. NAME OF HUSBAND OR WIFE <b>Roberta J. Fredrickson</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 7-17-18 to 5-2-19</b>	16. SOCIAL SECURITY NO. <b>492 18 2429</b>	17. INFORMANT Address <b>VA Hospital Records, Kansas City, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Pulmonary edema and congestion</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Calcific aortic stenosis</b> DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. _____ p.m. Month, Day, Year _____	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.) <b>VA</b>
20f. CITY, TOWN, OR LOCATION <b>HARRISONVILLE, MO</b>		COUNTY _____ STATE _____

21. **VA** attended the deceased from **July 21, 1959** to **July 22, 1959**  
Death occurred at **4:20 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Hughes Owens Curran</b>	22b. ADDRESS <b>1034 Peachtree City</b>	22c. DATE SIGNED <b>7-22-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>JULY 28, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HARRISONVILLE, CEM</b>
23d. LOCATION (City, town, or county) <b>HARRISONVILLE, MO</b>		24. FUNERAL DIRECTOR ADDRESS <b>D. W. NEWCOMER'S SONS K. C. MO.</b>
25. DATE RECD. BY LOCAL REG. <b>7-23-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minchell</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
H. Owens

AUG 10 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Regis F. Liller

Licensed Embalmer No. 4818

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.