

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025124

FILED VS JUL 27 1959

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3382 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Miller		
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 6 days	c. CITY OR TOWN ELDON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 102 WEST 16TH STREET		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDGAR Middle LOUIS Last FRIESNER			4. DATE OF DEATH Month July Day 10 Year 1959		
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 1-7-93	9. AGE (last birth day) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rockwell City, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward Friesner		13b. MOTHER'S MAIDEN NAME Caroline Rimmer		14. NAME OF HUSBAND OR WIFE Nellie Friesner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA Hospital Official Records, K. C. Mo Address		
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) Cerebral hemorrhage					
DUE TO (b) Hypertension					
DUE TO (c) Chronic glomerulonephritis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic heart disease with aortic stenosis and insufficiency					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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. <input checked="" type="checkbox"/> attended the deceased from July 4, 1959 to July 10, 1959 Death occurred at 6:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not write in this space) Charles E. Andrews CHARLES E. ANDREWS, M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 7-10-59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 10 1959	23c. NAME OF CEMETERY OR CREMATORY ELDON CEM	23d. LOCATION (City, town, or county) ELDON, MISSOURI		
24. FUNERAL DIRECTOR D.W. Newcomer's Son, Mo		ADDRESS K.C.	25. DATE RECD. BY LOCAL REG. 7-10-59	26. REGISTRAR'S SIGNATURE newminalhall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUN 26 1961

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STATEMENT BY LICENSED EMBALMER MAR 7 1961

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep., Va

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.