

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007543
STATE FILE NUMBER

FILED VS MAR 14 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 110

UNDECEASED

| | | | | | |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Pettis</u> | | a. STATE <u>Mo.</u> | | b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | Length of stay in 1b <u>19 yrs</u> | | c. CITY OR TOWN <u>Sedalia</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>219 West 7th</u> | | Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>219 West 7th</u> | |
| | | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) | | | First <u>Bessie</u> Middle <u>Fryling</u> Last <u>Loft</u> | | 4. DATE OF DEATH | | Month <u>March</u> | Day <u>10</u> | Year <u>1960</u> |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>7-30-1892</u> | | 9. AGE (last birthday) <u>67</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Henry Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>William Fryling</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lois Combs</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward H. Loft</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>497-28-3700</u> | | 17. INFORMANT <u>Edward H. Loft</u> | |
| | | | | Address <u>219 W. 7th St. Sedalia</u> | |

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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) <u>Spontaneous Rupture of aortic Aneurysm</u> | | |
| DUE TO (b) <u>Severe arteriosclerosis and arteriosclerotic Heart Disease</u> | | |
| DUE TO (c) _____ | | <u>instant</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | <u>unknown</u> |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Cholecystitis and Cholelithiasis</u> | | 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 | |
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| 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 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 7-7-59 to 3-10-60 and last saw her alive on 3-1-60
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>T. S. Hopkins, M.D.</u> | | 22b. ADDRESS <u>1609 S. 5th St. Sedalia, Mo.</u> | | 22c. DATE SIGNED <u>3-11-60</u> | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-12-60</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u> | |
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| 24. FUNERAL DIRECTOR <u>McLaughlin Bros</u> | | ADDRESS <u>Sedalia</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-11-1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harold Tempel

Licensed Embalmer No. 5089

P. O. Address Sedalia, Mo.

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.