URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-009952

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 416

NDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 9 Yrs	c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2125 Ashland Ave. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2125 Ashland Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First HANS	Middle S.	Last FRISCHMANN	4. DATE OF DEATH	Month April Day 1, Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-4-1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	10b. KIND OF BUSINESS OR INDUSTRY Wire Rope Corp.	11. BIRTHPLACE (City and state or country) Berlin, Germany	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Theodor A. Frischmann	13b. MOTHER'S MAIDEN NAME Maria Ratazzi	14. NAME OF HUSBAND OR WIFE Auguste Frischmann			
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. 042-20-0859	17. INFORMANT Mrs Hans S. Frischmann	Address 2125 Ashland City		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adenocarcinoma, liver metastatic (primary undetermined) — INTERVAL BETWEEN ONSET AND DEATH Over 4½ mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	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 11/16/59, to 4/1/60 and last saw her/him alive on 4/1/60

Death occurred at 10:00p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm Redmond MD	22b. ADDRESS St Joseph Mo	22c. DATE SIGNED 4/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Par. 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Mo. (State)
24. FUNERAL DIRECTOR H. O. Sidenfaden & Son AXY.	ADDRESS St Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 4, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Dr Kelmo

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_____ Signed Robert L Yager

Signature of Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo

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