MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010559

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 382

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1535 Ao. Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Dade
c. CITY OR TOWN: Bona
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 mile East of Bona
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: VERGIA Middle: MAY Last: FRIEZE
4. DATE OF DEATH: Month: MARCH Day: 31 Year: 1960
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-6-1888
9. AGE (last birthday): 72
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cedar Co. Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Fox
13b. MOTHER'S MAIDEN NAME: Catherine Walker
14. NAME OF HUSBAND OR WIFE: Claud Frieze
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.: none
17. INFORMANT: Carl Frieze Address: Ash Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): acute upper resp. infect. in Feb '60
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 Feb 17, 1960 to Mar 31, 1960 and last saw her/him alive on 3-10-60
Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Don J Silsby MD
22b. ADDRESS: Springfield, Mo
22c. DATE SIGNED: 4-4-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-2-60
23c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery
23d. LOCATION (City, town, or county) (State): Greenfield - Missouri
24. FUNERAL DIRECTOR ADDRESS: Brim - Daniel - Ash Grove - Mo.
25. DATE RECD. BY LOCAL REG.: 4-6-60
26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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 Loyd L. Samuel

Signature of Student Embalmer

Licensed Embalmer No. 4702

P. O. Address Ash Grove

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.