

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008775

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1026 STATE FILE NUMBER

1. PLACE OF DEATH **FILED MAR 29 1961**
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) Lawrence Length of stay in 1b 40 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Lawrence Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4231 Harrison Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Franklin Fries
 4. DATE OF DEATH Month Day Year 2 24 61
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7/26/1892 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Retired Spray Painter 10b. KIND OF BUSINESS OR INDUSTRY Dairy 11. BIRTHPLACE (City and state or country) Millville, N. Jersey 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward T. Fries 13b. MOTHER'S MAIDEN NAME Rebecca Chew 14. NAME OF HUSBAND OR WIFE Edith Fries
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Edith Fries, 4231 Harrison Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of the Colon
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with metastasis
 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. 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 2-7-61 to 2-24-61 and last saw him live on 2-24-1961
 Death occurred at 7:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 4400 Cherry City 22c. DATE SIGNED 2/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 27, 1961 23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. ADDRESS 1331 Brush Creek Blvd. 25. DATE RECD. BY LOCAL REG. 2-27-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Ellis

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C., 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.