

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030377

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 4441 Registrar's No. 82

AMENDED

FILED SEP 13 1961

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clifton Hill		Length of stay in 1b 60 years	c. CITY OR TOWN Clifton Hill
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION no street address		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) no street address
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last John Daniel Friday			4. DATE OF DEATH Month Day Year September 3 1961			
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 11-1-1879	9. AGE (last birthday) 81	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) retd. garage & filling station operator		10b. KIND OF BUSINESS OR INDUSTRY Cooper Co., Missouri		12. CITIZEN OF WHAT COUNTRY United States		

13a. FATHER'S NAME Phillip Friday		13b. MOTHER'S MAIDEN NAME Sarah		14. NAME OF HUSBAND OR WIFE Lucy Ball Friday		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Miss Inez Friday: Clifton Hill, Missouri			

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) Hypostatic pneumonia		2 days
DUE TO (b) Cerebral hemorrhage		6 days
DUE TO (c) Artierosclerotic heart disease		years
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 1957 to 9,3,61 and last saw him xx 9-3-61 alive on
Death occurred at 8:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>A. Noel Rains</i>	22b. ADDRESS D.O. Moberly, Missouri	22c. DATE SIGNED 9-4-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-5-1961	23c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	23d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri
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24. FUNERAL DIRECTOR <i>Tom B Patton</i>	ADDRESS Huntsville	25. DATE RECD. BY LOCAL REG. 9-9-61	26. REGISTRAR'S SIGNATURE <i>Donna Patterson</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

SEP 26 1967

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.