

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-033619

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 28

FILED SEP 19 1961

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>HANCOCK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BAZELLE</u>		c. CITY OR TOWN <u>FINLEY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEAD-STATION</u>		d. STREET ADDRESS (If outside, give location) <u>635-LYNN</u>	

3. NAME OF DECEASED (Type or print) First <u>Emmett-</u> Middle <u>Frey</u> Last <u>Frey</u>			4. DATE OF DEATH Month <u>Sept-</u> Day <u>10</u> Year <u>1961</u>		
5. SEX <u>MALE</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>31 March 1912 - 49</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u> </u> Days <u> </u> IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
10c. CITIZEN OF WHAT COUNTRY		11a. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	

13a. FATHER'S NAME <u>Theodore - Frey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth - Freh</u>		14. NAME OF HUSBAND OR WIFE <u>VERA - Frey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Caldron-Faneral-Home-Finley-Ohio</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>
DUE TO (b) <u>Fracture of Cervical Spine & Skull</u>			
DUE TO (c) <u>Automobile Accident</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe crushing of Thorax and Contents.</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Collision with auto</u>
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20c. TIME OF INJURY Hour <u>4:15</u> p.m. Month, Day, Year <u>9-10-61</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Missouri U.S. Highway 54</u>	20f. CITY, TOWN, OR LOCATION <u>Miller Missouri</u>
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21. I attended the deceased from _____ to _____ and last saw him ^{her} alive on _____
Death occurred at 4:18 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>L.S. Humphrey, D.O. Coroner</u>	22b. ADDRESS <u>Tusculum - Mo</u>	22c. DATE SIGNED <u>11 Sept 1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11 Sept 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORY - GARDEN</u>	23d. LOCATION (City, town, or county) (State) <u>HANCOCK - Co Ohio</u>
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24. FUNERAL DIRECTOR <u>Keith M. Kays</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 11, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Alvaretta Waltz</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD FILE AS FOLLOWS

SEP 26 1961

FEB 7 1962

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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.