

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5472-61-041047
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED NOV 17 1961

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **1 DAY**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St Mary's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Jackson**
c. CITY OR TOWN **Independence** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **8619 Morrell** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **JESSIE** Middle **GERTRUDE** Last **FRIESS**
4. DATE OF DEATH Month **November** Day **1** Year **1961**

5. SEX **Female**
6. COLOR OR RACE **White**
7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **11/15/76**
9. AGE (last birthday) **84** 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) **Henrysberg Ohio**
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Arrick**
13b. MOTHER'S MAIDEN NAME **Unk**
14. NAME OF HUSBAND OR WIFE **Herman Friess (Dec)**

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. **None**
17. INFORMANT Address **Mrs Chas Morrison 1308 W 30th Indep**

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 c Failure** INTERVAL BETWEEN ONSET AND DEATH **10 YRS**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Myocarditis, Severe c Insufficiency, Chronic 3 wks**
Arteriosclerosis, Generalized Severe
DUE TO (c) **with Cerebral Arteriosclerosis** **10 YRS**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chronic Brain Syndrome, Terminal Bronchopneumonia**
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.) **None**
20c. TIME OF INJURY Hour Month, Day, Year
None **None**

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.) **None**
20f. CITY, TOWN, OR LOCATION COUNTY STATE
None **None**

21. I attended the deceased from **1949** to **11-1-61** and last saw her alive on **11-1-61**
Death occurred at **7:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harold A. Budke M.D.**
22b. ADDRESS **1019 Angyle Bldg.**
22c. DATE SIGNED **4/2/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
23b. DATE **11/4/61**
23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.**
23d. LOCATION (City, town, or county) **Kansas City Missouri**

24. FUNERAL DIRECTOR ADDRESS **Shell Funeral Home Kansas City Mo.**
25. DATE RECD. BY LOCAL REG. **11-2-61**
26. REGISTRAR'S SIGNATURE **Ruth Long**

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

John P. Sheel

Licensed Embalmer No. 5070

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.