

FILED OCT 2 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69 0038425

CERTIFICATE OF DEATH

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 322

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1.		ELLIS	HAUON	FRIDLEY	2. MALE	3. SEPTEMBER 27, 1969				
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH			
4. WHITE		5a. 60	5b. MOS.	5c. HOURS MIN	6. JULY 16, 1909		7a. ST. CHARLES			
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
7b. ST. CHARLES		7c. YES	7d. 2203 ST. RICHARDS CT.							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. MISSOURI		9. U.S.A.		10. MARRIED		11. CHRISTINA K. FRIDLEY				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
12. 492-01-8998		13a. RETIRED MATERIAL PLANNER		13b. AIRCRAFT MFG.						
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER				
14a. MISSOURI		14b. ST. CHARLES	14c. ST. CHARLES		14d. YES	14e. 2203 ST. RICHARDS CT.				
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME					
15. CURRIER		E.	FRIDLEY		16. INEZ L. KELLER					
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
17a. CHRISTINA K. FRIDLEY		17b. 2203 ST. RICHARDS CT. ST. CHARLES, MISSOURI			63501					
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. IMMEDIATE CAUSE		(a) Metastatic Brain Tumor								
DUE TO, OR AS A CONSEQUENCE OF:		(b) (Primary Source unknown)								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:								
		(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)		NONE					AUTOPSY (YES OR NO)			
							19a. YES			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)						
20a. _____		20b. _____	20c. _____	20d. _____						
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)							
20e. _____		20f. _____	20g. _____							
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM		1	4	69	21b. PRESENT	21c. 3	12	69	21d. DID NOT	21e. _____
CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		YEAR		HOUR		
22a. _____		M. 22b. _____		YEAR		YEAR		HOUR		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. CHARLES LINSENMEYER MD		23b. Charles Linsenmeyer MD		23c. _____		23d. 9/30/69				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23a. 117 CLAY		23b. ST CHARLES		23c. MO		23d. 63301				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN				
24a. BURIAL		24b. DAK GROVE CEMETERY		24c. ST. CHARLES, MISSOURI						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR						
24a. SEPTEMBER 30, 1969		24b. C.L. PRINSTER FUNERAL HOME 140 N. KINGSHIGHWAY		24c. 9-30-69						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25a. C.L. Prinster		25b. Tammy Stewart		25c. 9-30-69						

DO NOT WRITE ON THIS STUB

9. 0
10a. 60
10b. 4.0928
11. 0
12. 1
13. 1983
14. 6.0928
15. 9
16. 2-0
17.
18. 0
19. CREDITS
20. 2-0

VS 300
Rev. 1/68

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

ST. CHARLES MISSOURI

6961 - 8 100

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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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.