

CERTIFICATE OF DEATH

FILED DEC 7 1970 24

Registration District No. 24

Primary Registration District No. 3046

Registrar's No. 58

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Blanche Howard Friedmeyer			Female	Nov. 30, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR)
4. White		5a. 69	5b.		6. Feb. 22, 1901
CITY, TOWN, OR LOCATION OF DEATH			7a. Moniteau		
7b. California			7c. Yes		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			7d. The ConvlaCare Home		
8. Missouri			9. USA		
10. Married			11. Harold Friedmeyer		
SOCIAL SECURITY NUMBER			KIND OF BUSINESS OR INDUSTRY		
12. 494-42-8672			13b.		
RESIDENCE—STATE COUNTY			STREET AND NUMBER		
14a. Missouri 14b. Moniteau			14c. Yes 14d. E. Howard St.		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. John E. Williams			16. Sallie M. Howard		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Harold Friedmeyer			17b. East Howard St. Calif., No. 65018		
PART I. DEATH WAS CAUSED BY:			(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
18. IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) Chorio myocarditis			2 year		
(b) Parkinson disease			15 year		
(c)					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (d), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
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)	AUTOPSY (YES OR NO)
20a.		20b.	20c.	20d.	19a. No
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)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.		20f.	20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LMK
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	TO	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. 4, 1956		21b. 30, 1970	21c. Nov 15, 1970	21d. del.	21e. 8p
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	
22a.		22b.		22c.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. Kenyon Latham M.D.		23b. Kenyon Latham		M.D.	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	
23d.		23e. California		23f. Mo.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	
24a. Burial		24b. Masonic Cemetery		24c. California, Mo.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
24d. 12-3-1970		24e. Williams Funeral Home 211 S. Oak		24f. Calif., MO. 65018	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]		25b. Florence H. Kelly		25c. December-4-1970	

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

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

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

DEC 15 1970

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 _____

Licensed Embalmer No. 5172

P. O. Address St. Louis, 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.