

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012527

STATE FILE NUMBER

FILED APR 20 1959

Registration District No.

47

Primary Registration District No.

3008

Registrar's No.

115

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>California</u> <u>0680</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. # 1</u>		d. STREET ADDRESS (If outside, give location) <u>9 days</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Freiss</u> Last <u>Freiss</u>		4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1959</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</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>Feb. 22, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Pilot Grove, Mo.</u>	
13a. FATHER'S NAME <u>Phillip Freiss</u>		14. NAME OF HUSBAND OR WIFE <u>Unkwn.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unkwn.</u> (If yes, give war or dates of service)		17. INFORMANT Address <u>Hospital Records Fulton, Mo</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>Nephrosclerosis with Uremia</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>446X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Arteriosclerosis with Senile Psychosis</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>7:18</u> Month, Day, Year <u>April 9, 1959</u> a.m. <u>A.M.</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY <u>Moniteau</u> STATE <u>Mo.</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Moniteau</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>April 9, 1959</u> to <u>April 18, 1959</u> and last saw her alive on <u>XXXX</u> Death occurred at <u>7:18 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James K. Atterhusch M.D.</u>		22b. ADDRESS <u>State Hospital # 1</u>	
22c. DATE SIGNED <u>4/18/59</u>		22d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Removal April 20, 1959 Moniteau United Church of Christ Cem. California, Mo.</u>		23b. DATE <u>April 18-1959</u>	
24. FUNERAL DIRECTOR ADDRESS <u>High Williams, California, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 24 1959

APR 24 1959

### 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 .....

*Richard D. Conn*

Licensed Embalmer No. *4703* .....

P. O. Address *Lipton, 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.