

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18588**

FILED JUN 17 1948  
Registration District No. **10**

Primary Registration District No. **3002**

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County **Audrain**

(b) City or town **Mexico**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**805 N. Jefferson St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community **16 years** \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain** **4**

(c) City or town **Mexico** **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. **805 N. Jefferson St.** **2**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Ann Freels**

3. (b) If veteran, name war **None**

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**  
year **1948** hour **2** minute **10 P** M.

21. I hereby certify that I attended the deceased from **Feb 1**  
**1948**, to **June 5**, 19**48**;

that I last saw her alive on **Feb 1**, 19**48**,  
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Elmer C. Freels**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 19, 1884**  
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion 7 minutes**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>1</b>	<b>17</b>	hr. _____ min.

9. Birthplace **Spenceburg, Mo.** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

12. Name **Liege Phears** **0**

13. Birthplace **Spencerburg, Mo.** **0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Moss**

15. Birthplace **Monroe County, Missouri** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robert Cole**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **June 7, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Curryville, Mo.**

18. (a) Signature of funeral director **Tail T. Pugh**

(b) Address **Mexico, Mo.**

19. (a) **6/7/48** (b) **Blanche Neely**  
(Date received local registrar) (Registrar's signature)

Major findings; Of operations **94W**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury **0**

23. Signature **Charles K. Garcia** (M. D. or other)

Address **Mexico, Mo.** Date signed **6/7/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer NO. 70

District File Number 6-48-1063

Date Filed JUN 16 1948

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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.....

*Clarence C. Robinson*

Registered Apprentice No. 56

working under my personal supervision.

Signed.....

*Earl E. Pritchard*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.**