

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43331

State File No. _____
Registrar's No. 74

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY OR TOWN <u>RURAL JACKSON TWP.</u>		c. CITY OR TOWN <u>Jackson Twp</u> <u>95</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>FESTUC ARRI</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLIE</u>	b. (Middle) <u>DEE</u>	c. (Last) <u>FREEMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 24 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 29 1909</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>FRANKLAY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JACK FREEMAN</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES M. STEPHENS</u>	14. NAME OF HUSBAND OR WIFE <u>ROSS HADLOCK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-07-403</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Sherman Denton</u> ADDRESS <u>RR #1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUN SHOT WOUND LEFT TEMPLE.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E976X</u>
	ANTECEDENT CAUSES <u>SUICIDE</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(VERDICT OF JURY)</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>PUBLIC TAVERN</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JACKSON T.S. ST. GENEVIEVE MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>DEC 24 1949 6P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SELF INFLICTED</u> <u>91</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Res. C. Baker Coroner</u>	23b. ADDRESS <u>St. Genevieve Mo</u>	23c. DATE SIGNED <u>12/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW TOWN</u>	24d. LOCATION (City, town, or county) (State) <u>LEADWOOD ST. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec 27-1949</u>	REGISTRAR'S SIGNATURE <u>L.D. Carl Peterson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Res. C. Baker</u>	ADDRESS <u>St. Genevieve Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-29-49

Form No. 4

POST 1249-1713

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.

Signed *Adrian J. Eller*

Signed.....
Student Embalmer

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve, 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.