

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9257**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2108 Sergeant	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns		e. FULL NAME OF HOSPITAL OR INSTITUTION St Johns	
3. NAME OF DECEASED a. (First) Michael b. (Middle) John c. (Last) Freeman		4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 50	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 3-18-47
9. AGE (In years last birthday) 2		10. MONTHS 11	11. BIRTHPLACE (State or foreign country) Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? Mo.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.	
13a. FATHER'S NAME Everett H. Freeman		13b. MOTHER'S MAIDEN NAME Norma Morris	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Everett H. Freeman ADDRESS Joplin Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laryngitis + tracheitis INTERVAL BETWEEN ONSET AND DEATH 8 hrs ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 474X	
19a. DATE OF OPERATION 3-4-50	19b. MAJOR FINDINGS OF OPERATION Thick adherent mucous blocking air passages far as bifurcation of trachea		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-3 , 1950, to 3-4 , 1950, that I last saw the deceased alive on 3-4 , 1950 and that death occurred at 12:50 m., from the causes and on the date stated above.			
23a. SIGNATURE E. H. Hamilton, M.D. (Degree or title)		23b. ADDRESS E. H. HAMILTON, M. D. Frisco Bldg.	
23c. DATE SIGNED 3-7-50		24a. BURIAL, CREMATION, REMOVAL (Specify) buried	
24b. DATE 3-6-50		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	
24d. LOCATION (City, town, or county) (State) Joplin Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker ADDRESS Joplin Mo.	
DATE RECD BY LOCAL REG. 3-10-50		REGISTRAR'S SIGNATURE [Signature] 138	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0495

0495

RECEIVED *J-20-50*

Jasper County Health Office

County File Number 50-3-191

Date Filed 3-25-50

JUL 25 1950

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 _____
Student Embalmer

Signed *F. M. Jones* _____

Licensed Embalmer No. 2319

P. O. Address *Joplin, 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.